

FRAMEWORK FOR THE ANNUAL REPORT OF THE STATE CHILDREN'S HEALTH INSURANCE PLANS UNDER TITLE XXI OF THE SOCIAL SECURITY ACT

Preamble

Section 2108(a) of the Act provides that the State and Territories* must assess the operation of the State child health plan in each Federal fiscal year, and report to the Secretary, by January 1 following the end of the Federal fiscal year, on the results of the assessment. In addition, this section of the Act provides that the State must assess the progress made in reducing the number of uncovered, low-income children. The State is out of compliance with SCHIP statute and regulations if the report is not submitted by January 1. The State is also out of compliance if any section of this report relevant to the State's program is incomplete.

To assist States in complying with the statute, the National Academy for State Health Policy (NASHP), with funding from the David and Lucile Packard Foundation, has coordinated an effort with States and CMS over the years to design and revise this Annual Report Template. Over time, the framework has been updated to reflect program maturation and corrected where difficulties with reporting have been identified.

The framework is designed to:

- Recognize the ***diversity*** of State approaches to SCHIP and allow States ***flexibility*** to highlight key accomplishments and progress of their SCHIP programs, **AND**
- Provide ***consistency*** across States in the structure, content, and format of the report, **AND**
- Build on data ***already collected*** by CMS quarterly enrollment and expenditure reports, **AND**
- Enhance ***accessibility*** of information to stakeholders on the achievements under Title XXI.

* - When "State" is referenced throughout this template, "State" is defined as either a state or a territory.

**FRAMEWORK FOR THE ANNUAL REPORT OF
THE STATE CHILDREN'S HEALTH INSURANCE PLANS
UNDER TITLE XXI OF THE SOCIAL SECURITY ACT**

DO NOT CERTIFY YOUR REPORT UNTIL ALL SECTIONS ARE COMPLETE.

State/Territory: UT
(Name of State/Territory)

The following Annual Report is submitted in compliance with Title XXI of the Social Security Act (Section 2108(a)).

Signature: _____
Nathan Checketts

SCHIP Program Name(s): All, Utah

SCHIP Program Type:

- | | |
|-------------------------------------|------------------------------------|
| <input type="checkbox"/> | SCHIP Medicaid Expansion Only |
| <input checked="" type="checkbox"/> | Separate Child Health Program Only |
| <input type="checkbox"/> | Combination of the above |

Reporting Period: 2007 *Note: Federal Fiscal Year 2007 starts 10/1/06 and ends 9/30/07.*

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Submission Date: 2/20/2008

(Due to your CMS Regional Contact and Central Office Project Officer by January 1st of each year)

SECTION I: SNAPSHOT OF SCHIP PROGRAM AND CHANGES

- 1) To provide a summary at-a-glance of your SCHIP program characteristics, please provide the following information. You are encouraged to complete this table for the different SCHIP programs within your state, e.g., if you have two types of separate child health programs within your state with different eligibility rules. If you would like to make any comments on your responses, please explain in narrative below this table.

	SCHIP Medicaid Expansion Program					Separate Child Health Program				
	* Upper % of FPL are defined as <u>Up to and Including</u>									
Eligibility						From	0	% of FPL conception to birth	200	% of FPL *
	From		% of FPL for infants		% of FPL *	From	0	% of FPL for infants	200	% of FPL *
	From		% of FPL for children ages 1 through 5		% of FPL *	From	0	% of FPL for children ages 1 through 5	200	% of FPL *
	From		% of FPL for children ages 6 through 16		% of FPL *	From	0	% of FPL for children ages 6 through 16	200	% of FPL *
	From		% of FPL for children ages 17 and 18		% of FPL *	From	0	% of FPL for children ages 17 and 18	200	% of FPL *

Is presumptive eligibility provided for children?	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	No
	<input type="checkbox"/>	Yes, for whom and how long? [1000]	<input type="checkbox"/>	Yes - Please describe below: For which populations (include the FPL levels) [1000] Average number of presumptive eligibility periods granted per individual and average duration of the presumptive eligibility period [1000] Brief description of your presumptive eligibility policies [1000]
	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A

Is retroactive eligibility	<input type="checkbox"/>	No	<input type="checkbox"/>	No
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available?	<input type="checkbox"/>	Yes, for whom and how long?	<input checked="" type="checkbox"/>	Yes, for whom and how long? For all eligible enrollees, a 4 day grace period is allowed when an emergency or some other circumstance beyond the control of the applicant prevents them from applying for CHIP. The eligibility date must be within an open enrollment period, and the applicant must ask for the coverage at the time of application.
	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A

Does your State Plan contain authority to implement a waiting list?	Not applicable		<input checked="" type="checkbox"/>	No
			<input type="checkbox"/>	Yes
			<input type="checkbox"/>	N/A

Does your program have a mail-in application?	<input type="checkbox"/>	No	<input type="checkbox"/>	No
	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	Yes
	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A

Can an applicant apply for your program over the phone?	<input type="checkbox"/>	No	<input type="checkbox"/>	No
	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	Yes
	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A

Does your program have an application on your website that can be printed, completed and mailed in?	<input type="checkbox"/>	No	<input type="checkbox"/>	No
	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	Yes
	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A

Can an applicant apply for your program on-line?	<input type="checkbox"/>	No	<input type="checkbox"/>	No
	<input type="checkbox"/>	Yes – please check all that apply	<input checked="" type="checkbox"/>	Yes – please check all that apply
	<input type="checkbox"/>	Signature page must be printed and mailed in	<input type="checkbox"/>	Signature page must be printed and mailed in
	<input type="checkbox"/>	Family documentation must be mailed (i.e., income documentation)	<input checked="" type="checkbox"/>	Family documentation must be mailed (i.e., income documentation)
	<input type="checkbox"/>	Electronic signature is required	<input checked="" type="checkbox"/>	Electronic signature is required
	<input type="checkbox"/>		<input type="checkbox"/>	No Signature is required
	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A

Does your program require a face-to-face interview during initial application	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	No
	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes
	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A

Does your program require a child to be uninsured for a minimum amount of time prior to enrollment (waiting period)?	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	No
	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes
	Specify number of months		Specify number of months	
			To which groups (including FPL levels) does the period of uninsurance apply? [1000]	
			List all exemptions to imposing the period of uninsurance [1000]	
<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A	

Does your program match prospective enrollees to a database that details private insurance status?	<input type="checkbox"/>	No	<input type="checkbox"/>	No
	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	Yes
			If yes, what database? [1000] Utah has a system called eFIND that matches enrollees to information about health insurance coverage that has been verified by our Office of Recovery Services	
	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A

Does your program provide period of continuous coverage regardless of income changes?	<input type="checkbox"/>	No	<input type="checkbox"/>	No
	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	Yes
	Specify number of months		Specify number of months 12	
	Explain circumstances when a child would lose eligibility during the time period in the box below		Explain circumstances when a child would lose eligibility during the time period in the box below	
			There are three instances when a child would lose eligibility during the 12 month enrollment period: (1) an enrollee becomes enrolled in other private or employer-sponsored health insurance. (2) the family does not pay their quarterly CHIP premium. (3) a child becomes enrolled in Medicaid.	
<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A	

Does your program require premiums or an	<input type="checkbox"/>	No	<input type="checkbox"/>	No
	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	Yes

enrollment fee?	Enrollment fee amount		Enrollment fee amount		0
	Premium amount		Premium amount		60
	Yearly cap		Yearly cap		
	If yes, briefly explain fee structure in the box below		If yes, briefly explain fee structure in the box below (including premium/enrollment fee amounts and include Federal poverty levels where appropriate)		
			Native Americans and enrollees 100% FPL or below are exempt from paying premiums. Enrollees 101% to 150% FPL pay \$30 per family, per quarter. Enrollees 151% to 200% FPL pay \$60 per family per quarter. The yearly cap on all cost sharing (including premiums, deductibles, and copays) is 5% of the family's yearly gross countable income.		
<input type="checkbox"/> N/A		<input type="checkbox"/> N/A			

Does your program impose copayments or coinsurance?	<input type="checkbox"/>	No	<input type="checkbox"/>	No
	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	Yes
	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A

Does your program impose deductibles?	<input type="checkbox"/>	No	<input type="checkbox"/>	No
	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	Yes
	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A

Does your program require an assets test?	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	No
	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes
	If Yes, please describe below		If Yes, please describe below	
	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A

Does your program require income disregards?	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	No
	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes
	If Yes, please describe below		If Yes, please describe below	
	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A

Is a preprinted renewal form sent prior to eligibility expiring?	<input type="checkbox"/>	No	<input type="checkbox"/>	No
	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	Yes
	<input type="checkbox"/>	We send out form to family with their	<input type="checkbox"/>	We send out form to family

	information pre-completed and ask for confirmation		with their information pre-completed and ask for confirmation	
	<input type="checkbox"/>	We send out form but do not require a response unless income or other circumstances have changed	<input checked="" type="checkbox"/>	We send out form but do not require a response unless income or other circumstances have changed
	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A

Enter any Narrative text below. **[7500]**

At application and renewal, verification of income is required. If questionable, verification of citizenship is required. If a child is a qualified alien, verification of their alien registration number is required. If needed, this documentation is requested when the eligibility worker receives the application. It is not required to begin the application process.

When health insurance has been voluntarily terminated, a child is not eligible for CHIP enrollment until 90 days after the health insurance was terminated.

Utah CHIP utilizes both methods of renewal depending upon the family's circumstances. Section III, Eligibility Redetermination and Retention gives a complete summary of Utah's process.

Comments on Responses in Table:

- | | | | | | | |
|--|-------------------------------------|-----|--------------------------|----|-------------------------------------|-----|
| 2. Is there an assets test for children in your Medicaid program? | <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A |
| 3. Is it different from the assets test in your separate child health program?
If yes, please describe in the narrative section below the asset test in your program. | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input checked="" type="checkbox"/> | N/A |
| 4. Are there income disregards for your Medicaid program? | <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A |
| 5. Are they different from the income disregards in your separate child health program? If yes, please describe in the narrative section below the income disregards used in your separate child health program. | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input checked="" type="checkbox"/> | N/A |
| 6. Is a joint application used for your Medicaid and separate child health program? | <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A |

7. Indicate what documentation is required at initial application

	Self-Declaration	Documentation Required
<u>Income</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<u>Citizenship</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>Insured Status</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

8. Have you made changes to any of the following policy or program areas during the reporting period? Please indicate “yes” or “no change” by marking appropriate column.

	Medicaid Expansion SCHIP Program			Separate Child Health Program		
	Yes	No Change	N/A	Yes	No Change	N/A
a) Applicant and enrollee protections (e.g., changed from the Medicaid Fair Hearing Process to State Law)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b) Application	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Application documentation requirements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d) Benefit structure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Cost sharing (including amounts, populations, & collection process)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Crowd out policies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g) Delivery system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
h) Eligibility determination process (including implementing a waiting lists or open enrollment periods)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) Eligibility levels / target population	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
j) Assets test in Medicaid and/or SCHIP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
k) Income disregards in Medicaid and/or SCHIP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
l) Eligibility redetermination process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m) Enrollment process for health plan selection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n) Family coverage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
o) Outreach (e.g., decrease funds, target outreach)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p) Premium assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q) Prenatal Eligibility expansion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
r) Waiver populations (funded under title XXI)						
Parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Pregnant women	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Childless adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
s) Methods and procedures for prevention, investigation, and referral of cases	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

of fraud and abuse

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t) Other – please specify

a.

b.

c.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

9. For each topic you responded yes to above, please explain the change and why the change was made, below:

a) Applicant and enrollee protections (e.g., changed from the Medicaid Fair Hearing Process to State Law)	
b) Application	A new application form was developed that individuals can use to apply for CHIP, PCN (an insurance program for adults) and UPP (an ESI program - see ESI section for more details.)
c) Application documentation requirements	
d) Benefit structure	Utah CHIP now has three levels of benefits, Plan A for those with income below 100%fpl; Plan B for those with income 101% to 150% fpl; and Plan C for those with income 151% to 200% fpl.
e) Cost sharing (including amounts, populations, & collection process)	Premiums increased from \$13 per family per quarter to \$30 per family per quarter for families with income from 101% to 150% fpl and from \$25 to \$60 for those with income from 151% to 200% fpl. Also, CHIP benefits were rebenchmarked to the current levels of state employee coverage resulting in increased copayments and deductibles for some services.
f) Crowd out policies	
g) Delivery system	
h) Eligibility determination process (including implementing a waiting lists or open enrollment periods)	Effective July 1, 2007, eligibility determinations are being done by the Utah Department of Workforce Services, which also determines eligibility for Medicaid, TANF, and Foodstamps. These determinations were previously done by Utah Department of Health staff. In addition, in July 2007, the Utah State Legislature increased state funding which allowed Utah to open enrollment on July 2, 2007 and is still open.

i) Eligibility levels / target population	
j) Assets test in Medicaid and/or SCHIP	
k) Income disregards in Medicaid and/or SCHIP	
l) Eligibility redetermination process	Effective July 1, 2007, eligibility redeterminations are being done by the Utah Department of Workforce Services who also determine eligibility for Medicaid, TANF, and Foodstamps. These determinations were previously done by Utah Department of Health staff.
m) Enrollment process for health plan selection	Effective July 1, 2007, health plan selections are being done by the Utah Department of Health Managed Care Representatives. These were previously done by the eligibility worker. In addition, selections can be made by submitting a form, by telephone, or through email. Enrollees who do not make a health plan selection are automatically assigned to a health plan.
n) Family coverage	
o) Outreach	
p) Premium assistance	On 11-1-06, Utah implemented a premium assistance program (UPP). Uninsured families with insurance available through an employer at a cost of more than 5% of their income can choose to enroll in the employer coverage and receive reimbursement up to \$100 per month per child for their share of the premium, or can enroll in direct CHIP coverage. Those who enroll in employer dental receive an additional \$20 per child per month. Those who don't enroll in dental are enrolled in CHIP dental.
q) Prenatal Eligibility Expansion	
r) Waiver populations (funded under title XXI)	
Parents	
Pregnant women	
Childless adults	
s) Methods and procedures for prevention,	

investigation, and referral of cases of fraud and abuse	
t) Other – please specify	
a.	
b.	
c.	

Enter any Narrative text below. **[7500]**

Changes in Quarterly premiums, copays, and deductibles were done in response to laws passed by the 2007 Utah State Legislature. Effective July 1, 2007, the Utah Legislature increased quarterly premiums for CHIP enrollees over 100%fpl. The Legislature also passed a law, which by July 1, 2008, changes the CHIP benefits benchmark from the state employees benefits to the benefit plan with the largest insured commercial enrollment offered by a health maintenance organization in the state. To prepare families for this change, effective July 1, 2007, we rebenchmarked CHIP benefits to the current levels of state employee coverage which increased copayments and deductibles for some services.

SECTION II: PROGRAM'S PERFORMANCE MEASUREMENT AND PROGRESS

This section consists of three subsections that gather information on the core performance measures for the SCHIP program as well as your State's progress toward meeting its general program strategic objectives and performance goals. Section IIA captures data on the core performance measures to the extent data is available. Section IIB captures your enrollment progress as well as changes in the number and/or rate of uninsured children in your State. Section IIC captures progress towards meeting your State's general strategic objectives and performance goals.

SECTION IIA: REPORTING OF CORE PERFORMANCE MEASURES

CMS is directed to examine national performance measures by the SCHIP Final Rules of January 11, 2001. To address this SCHIP directive, and to address the need for performance measurement in Medicaid, CMS, along with other Federal and State officials, developed a core set of performance measures for Medicaid and SCHIP. The group focused on well-established measures whose results could motivate agencies, providers, and health plans to improve the quality of care delivered to enrollees. After receiving comments from Medicaid and SCHIP officials on an initial list of 19 measures, the group recommended seven core measures, including four core child health measures:

- Well child visits in the first 15 months of life
- Well child visits in the 3rd, 4th, 5th, and 6th years of life
- Use of appropriate medications for children with asthma
- Children's access to primary care practitioners

These measures are based on specifications provided by the Health Plan Employer Data and Information Set (HEDIS®). HEDIS® provides a useful framework for defining and measuring performance. However, use of HEDIS® methodology is not required for reporting on your measures. The HEDIS® methodology can also be modified based on the availability of data in your State.

This section contains templates for reporting performance measurement data for each of the core child health measures. Please report performance measurement data for the three most recent years (to the extent that data are available). In the first and second column, data from the previous two years' annual reports (FFY 2005 and FFY 2006) will be populated with data from previously reported data in SARTS, enter data in these columns only if changes must be made. If you previously reported no data for either of those years, but you now have recent data available for them, please enter the data. In the third column, please report the most recent data available at the time you are submitting the current annual report (FFY 2007). Additional instructions for completing each row of the table are provided below.

If Data Not Reported, Please Explain Why:

If you cannot provide a specific measure, please check the box that applies to your State for each performance measure as follows:

- Population not covered: Check this box if your program does not cover the population included in the measure.
- Data not available: Check this box if data are not available for a particular measure in your State. Please provide an explanation of why the data are currently not available.
- Small sample size: Check this box if the sample size (i.e., denominator) for a particular measure is less than 30. If the sample size is less than 30, your State is not required to report data on the measure. However, please indicate the exact sample size in the space provided.
- Other: Please specify if there is another reason why your state cannot report the measure.

Status of Data Reported:

Please indicate the status of the data you are reporting, as follows:

- Provisional: Check this box if you are reporting data for a measure, but the data are currently being modified, verified, or may change in any other way before you finalize them for FFY 2007.
- Final: Check this box if the data you are reporting are considered final for FFY 2007.

- Same data as reported in a previous year's annual report: Check this box if the data you are reporting are the same data that your State reported in another annual report. Indicate in which year's annual report you previously reported the data.

Measurement Specification:

For each performance measure, please indicate the measurement specification (i.e., were the measures calculated using the HEDIS® technical specifications, HEDIS®-like specifications, or some other source with measurement specifications unrelated to HEDIS®). If the measures were calculated using HEDIS® or HEDIS®-like specifications, please indicate which version was used (e.g., HEDIS® 2007). If using HEDIS®-like specifications, please explain how HEDIS® was modified.

Data Source:

For each performance measure, please indicate the source of data – administrative data (claims) (specify the kind of administrative data used), hybrid data (claims and medical records) (specify how the two were used to create the data source), survey data (specify the survey used), or other source (specify the other source). If another data source was used, please explain the source.

Definition of Population included in the Measure:

Please indicate the definition of the population included in the denominator for each measure (such as age, continuous enrollment, type of delivery system). Check one box to indicate whether the data are for the SCHIP population only, or include both SCHIP and Medicaid (Title XIX) children combined. Also provide a definition of the numerator (such as the number of visits required for inclusion).

Note: You do not need to report data for all delivery system types. You may choose to report data for only the delivery system with the most enrollees in your program.

Year of Data:

Please report the year of data for each performance measure. The year (or months) should correspond to the *period in which utilization took place*. Do *not* report the year in which data were collected for the measure, or the version of HEDIS® used to calculate the measure, both of which may be different from the period corresponding to utilization of services.

Performance Measurement Data (HEDIS® or Other):

In this section, please report the numerators, denominators, and rates for each measure (or component). The template provides two sections for entering the performance measurement data, depending on whether you are reporting using HEDIS® or HEDIS®-like methodology or a methodology other than HEDIS®. The form fields have been set up to facilitate entering numerators, denominators, and rates for each measure. If the form fields do not give you enough space to fully report on your measure, please use the “additional notes” section.

Note: SARTS will calculate the rate if you enter the numerator and denominator. Otherwise, if you only have the rate, enter it in the rate box.

If you typically calculate separate rates for each health plan, report the aggregate state-level rate for each measure (or component). The preferred method is to calculate a “weighted rate” by summing the numerators and denominators across plans, and then deriving a single state-level rate based on the ratio of the numerator to the denominator. Alternatively, if numerators and denominators are not available, you may calculate an “unweighted average” by taking the mean rate across health plans.

Explanation of Progress:

The intent of this section is to allow your State to highlight progress and describe any quality improvement activities that may have contributed to your progress. If improvement has not occurred over time, this section can be used to discuss potential reasons for why progress was not seen and to describe future quality improvement plans. In this section, your State is also asked to set annual performance objectives for FFY 2008, 2009, and 2010. Based on your recent performance on the measure (from FFY 2005 through 2007), use a combination of expert opinion and “best guesses” to set objectives for the next three years. Please explain your rationale for setting these objectives. For example, if your rate has been increasing by 3 or 4 percentage points per year, you might project future increases at a similar rate. On

the other hand, if your rate has been stable over time, you might set a target that projects a small increase over time. If the rate has been fluctuating over time, you might look more closely at the data to ensure that the fluctuations are not an artifact of the data or the methods used to construct a rate. You might set an initial target that is an average of the recent rates, with slight increases in subsequent years.

In future annual reports, you will be asked to comment on how your actual performance compares to the objective your State set for the year, as well as any quality improvement activities that have helped or could help your State meet future objectives.

Other Comments on Measure:

Please use this section to provide any other comments on the measure, such as data limitations or plans to report on a measure in the future.

NOTE: Please do not reference attachments in this table. If details about a particular measure are located in an attachment, please summarize the relevant information from the attachment in the space provided for each measure.

MEASURE: Well Child Visits in the First 15 Months of Life

FFY 2005	FFY 2006	FFY 2007
<p>Did you report on this goal? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Did you report on this goal? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Did you report on this goal? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>
<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i> HEDIS 2005</p>	<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i> HEDIS 2006</p>	<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i> HEDIS 2007</p>
<p>Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> HEDIS data for measurement year 2004</p>	<p>Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> HEDIS data for measurement year 2005</p>	<p>Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> HEDIS Data for measurement year 2006</p>

FFY 2005	FFY 2006	FFY 2007
Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: Number of CHIP enrollees who had 5 or more well-child visits with a primary care practitioner in the first 15 months of life.	Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: Number of CHIP enrollees who had 0 well-child visits with a primary care practitioner in the first 15 months of life in 2005; Number of CHIP enrollees who had 1 well-child visit; Number of CHIP enrollees who had 2 well-child visits; Number of CHIP enrollees who had 3 well-child visits; Number of CHIP enrollees who had 4 well-child visits; Number of CHIP enrollees who had 5 well-child visits; and Number of CHIP enrollees who had 6 or more well-child visits.	Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: Number of CHIP enrollees who had 0 well-child visits with a primary care practitioner in the first 15 months of life in 2006; Number of CHIP enrollees who had 1 well-child visit; Number of CHIP enrollees who had 2 well-child visits; Number of CHIP enrollees who had 3 well-child visits; Number of CHIP enrollees who had 4 well-child visits; Number of CHIP enrollees who had 5 well-child visits; and Number of CHIP enrollees who had 6 or more well-child visits.
Year of Data: 2004	Year of Data: 2005	Year of Data: 2006

Well Child Visits in the First 15 Months of Life (continued)		
FFY 2005	FFY 2006	FFY 2007
HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Percent with specified number of visits <u>0 visits</u> <u>4 visits</u> Numerator: Numerator: Denominator: Denominator: Rate: Rate: <u>1 visit</u> <u>5 visits</u> Numerator: Numerator: Denominator: Denominator: Rate: Rate: 65.4 <u>2 visits</u> <u>6+ visits</u> Numerator: Numerator: Denominator: Denominator: Rate: Rate: <u>3 visits</u> Numerator: Denominator: Rate: Additional notes on measure: In 2003 the percentage of children who had five or more well child visits in the first 15 months of life was 50.5%. In 2004, the percentage increased to 65.4%, which shows a 14.9% increase.	HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Percent with specified number of visits <u>0 visits</u> <u>4 visits</u> Numerator: 5 Numerator: 17 Denominator: 190 Denominator: 190 Rate: 2.6 Rate: 8.9 <u>1 visit</u> <u>5 visits</u> Numerator: 4 Numerator: 34 Denominator: 190 Denominator: 190 Rate: 2.1 Rate: 17.9 <u>2 visits</u> <u>6+ visits</u> Numerator: 8 Numerator: 108 Denominator: 190 Denominator: 190 Rate: 4.2 Rate: 56.8 <u>3 visits</u> Numerator: 14 Denominator: 190 Rate: 7.4 Additional notes on measure: In 2004 the percentage of children who had five or more well child visits in the first 15 months of life was 65.4%. In 2005, the percentage increased to 74.7%, which shows a 9.3% increase.	HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Percent with specified number of visits <u>0 visits</u> <u>4 visits</u> Numerator: 6 Numerator: 17 Denominator: 188 Denominator: 188 Rate: 3.2 Rate: 9 <u>1 visit</u> <u>5 visits</u> Numerator: 7 Numerator: 39 Denominator: 188 Denominator: 188 Rate: 3.7 Rate: 20.7 <u>2 visits</u> <u>6+ visits</u> Numerator: 3 Numerator: 103 Denominator: 188 Denominator: 188 Rate: 1.6 Rate: 54.8 <u>3 visits</u> Numerator: 13 Denominator: 188 Rate: 6.9 Additional notes on measure:
Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:

Explanation of Progress:

How did your performance in 2007 compare with the Annual Performance Objective documented in your 2006 Annual Report? Utah's objective was to increase the percentage of children who receive 5 or more well child visits in the first 15 months of life to 76%. In 2006 we increased the percentage to 75.5, within .5% of meeting our goal.

Are there any quality improvement activities that contribute to your progress? Better reporting of HEDIS data from the two health plans that administer CHIP benefits

Annual Performance Objective for FFY 2008: Increase the percentage of children who receive 5 or more well child visits in the first 15 months of life to 78%.

Annual Performance Objective for FFY 2009: Increase the percentage of children who receive 5 or more well child visits in the first 15 months of life to 80%.

Annual Performance Objective for FFY 2010: Increase the percentage of children who receive 5 or more well child visits in the first 15 months of life to 82%.

Explain how these objectives were set: We will continue to improve the percentage of children who receive 5 or more well child visits in the first 15 months of life.

Other Comments on Measure:

MEASURE: Well-Child Visits in Children the 3rd, 4th, 5th, and 6th Years of Life

FFY 2005	FFY 2006	FFY 2007
Did you report on this goal? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30) <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i>	Did you report on this goal? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i>	Did you report on this goal? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i>
Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>
Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i> HEDIS 2005	Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i> HEDIS 2006	Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i> HEDIS 2007
Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> HEDIS data for measurement year 2004	Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> HEDIS data for measurement year 2005	Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>
Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: CHIP enrollees ages 3-6 who had one or more well-child visits with a primary care practitioner in 2004	Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: CHIP enrollees ages 3-6 who had one or more well-child visits with a primary care practitioner in 2005	Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: CHIP enrollees ages 3-6 who had one or more well-child visits with a primary care practitioner in 2006.
Year of Data: 2004	Year of Data: 2005	Year of Data:
HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> <u>Percent with 1+ visits</u> Numerator:	HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Percent with 1+ visits Numerator: 1310	HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Percent with 1+ visits Numerator: 1390

FFY 2005	FFY 2006	FFY 2007
<p>Denominator: Rate: 39.2</p> <p>Additional notes on measure: In 2003, the percentage of children ages 3-6 who had one or more well child visits with a primary care practitioner was 39.1%. In 2004, the percentage increased to 39.2%, which shows a .1% increase.</p>	<p>Denominator: 3043 Rate: 43</p> <p>Additional notes on measure: In 2004, the percentage of children ages 3-6 who had one or more well child visits with a primary care practitioner was 39.2%. In 2005, the percentage increased to 43%, which shows a 3.8% increase.</p>	<p>Denominator: 3117 Rate: 44.6</p> <p>Additional notes on measure:</p>

Well-Child Visits in Children the 3rd, 4th, 5th, and 6th Years of Life (continued)

FFY 2005	FFY 2006	FFY 2007
Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:
Explanation of Progress: <p>How did your performance in 2007 compare with the Annual Performance Objective documented in your 2006 Annual Report? Our goal was to increase the percentage of children 3-6 who had one or more well child visits with a primary care practitioner in 2006 to 43%. In 2006 the percentage of children 3-6 who had one or more well child visit with a primary care practitioner was 44.6. Therefore we exceeded our goal by 1.6%</p> <p>Are there any quality improvement activities that contribute to your progress? Better reporting of HEDIS data from the health plans.</p> <p>Annual Performance Objective for FFY 2008: Increase the percentage of children 3-6 who had one or more well child visits with a primary care practitioner to 46%.</p> <p>Annual Performance Objective for FFY 2009: Increase the percentage of children 3-6 who had one or more well child visits with a primary care practitioner to 47%.</p> <p>Annual Performance Objective for FFY 2010: Increase the percentage of children 3-6 who had one or more well child visits with a primary care practitioner to 48%.</p> <p><i>Explain how these objectives were set:</i> Our goal is to continue to improve the percentages of children ages 3-6 who had one or more well child visits with a practioner eventually meeting or exceeding the national average.</p>		
Other Comments on Measure:		

MEASURE: Use of Appropriate Medications for Children with Asthma

FFY 2005	FFY 2006	FFY 2007
Did you report on this goal? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input checked="" type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i> Sample size less than 30	Did you report on this goal? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i>	Did you report on this goal? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i>
Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>
Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i>	Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i> Hedis 2005	Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i> HEDIS 2007
Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>
Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:	Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: CHIP enrollees ages 5 to 17 with asthma.	Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:
Year of Data:	Year of Data: 2005	Year of Data: 2006

Use of Appropriate Medications for Children with Asthma (continued)

FFY 2005	FFY 2006	FFY 2007
<p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Percent receiving appropriate medications <u>5-9 years</u> Numerator: Denominator: Rate:</p> <p><u>10-17 years</u> Numerator: Denominator: Rate:</p> <p><u>Combined rate (5-17 years)</u> Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>	<p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Percent receiving appropriate medications <u>5-9 years</u> Numerator: 42 Denominator: 42 Rate: 100</p> <p><u>10-17 years</u> Numerator: 93 Denominator: 106 Rate: 87.7</p> <p><u>Combined rate (5-17 years)</u> Numerator: 135 Denominator: 148 Rate: 91.2</p> <p>Additional notes on measure: This is the first year that Utah has been able to report this data.</p>	<p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Percent receiving appropriate medications <u>5-9 years</u> Numerator: 62 Denominator: 65 Rate: 95.4</p> <p><u>10-17 years</u> Numerator: 93 Denominator: 104 Rate: 89.4</p> <p><u>Combined rate (5-17 years)</u> Numerator: 161 Denominator: 177 Rate: 91</p> <p>Additional notes on measure:</p>
<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>	<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>	<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>

Explanation of Progress:

How did your performance in 2007 compare with the Annual Performance Objective documented in your 2006 Annual Report? We met our objective which was to maintain combined rate of children 5-17 with asthma who receive appropriate medications to over 90%.

Are there any quality improvement activities that contribute to your progress? Better reporting of HEDIS data by the health plans.

Annual Performance Objective for FFY 2008: Maintain the combined rate of children 5-17 with asthma who receive appropriate medications to over 90%.

Annual Performance Objective for FFY 2009: Maintain the combined rate of children 5-17 with asthma who receive appropriate medications to over 90%.

Annual Performance Objective for FFY 2010: Maintain the combined rate of children 5-17 with asthma who receive appropriate medications to over 90%.

Explain how these objectives were set: This only the second year that Utah has been able to report this data. Therefore, we would like to see some rates over time to decide what an appropriate percentage would be.

Other Comments on Measure:

MEASURE: Children's Access to Primary Care Practitioners

FFY 2005	FFY 2006	FFY 2007
Did you report on this goal? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i>	Did you report on this goal? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i>	Did you report on this goal? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i>
Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>
Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i> HEDIS 2005	Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i> HEDIS 2006	Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i> HEDIS 2007
Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> HEDIS data for measurement year 2004	Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> HEDIS data for measurement year 2005	Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>
Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: Number of CHIP enrollees ages 1-11 who had one or more visits with a primary care practitioner in 2004	Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: Number of CHIP enrollees who had one or more visits with a primary care practitioner in 2005	Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: Number of CHIP enrollees who had one or more visits with a primary care practitioner in 2006.
Year of Data: 2004	Year of Data: 2005	Year of Data: 2006

FFY 2005	FFY 2006	FFY 2007
HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Percent with a PCP visit <u>12-24 months</u> <u>7-11 years</u> Numerator: Numerator: Denominator: Denominator: Rate: 94.1 Rate: 81.3 <u>25 months-6 years</u> <u>12-19 years</u> Numerator: Numerator: Denominator: Denominator: Rate: 78.1 Rate: Additional notes on measure: Data not available for 12-19 year old enrollees. Statistical rates were calculated by dividing the number of CHIP enrollees ages 1-11 who had a visit with a primary care practitioner in 2004 by the total number of CHIP enrollees ages 1-11. 84.5% of chip enrollees ages 1-11 had a visit with a primary care practitioner in 2004.	HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Percent with a PCP visit <u>12-24 months</u> <u>7-11 years</u> Numerator: 457 Numerator: 3326 Denominator: 470 Denominator: 4000 Rate: 97.2 Rate: 83.2 <u>25 months-6 years</u> <u>12-19 years</u> Numerator: 3922 Numerator: 4172 Denominator: 4697 Denominator: 4966 Rate: 83.5 Rate: 84 Additional notes on measure: In 2005 87% of CHIP enrollees ages 1 -19 had a visit with a primary care practitioner.	HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Percent with a PCP visit <u>12-24 months</u> <u>7-11 years</u> Numerator: 597 Numerator: 4268 Denominator: 609 Denominator: 5006 Rate: 98 Rate: 85.3 <u>25 months-6 years</u> <u>12-19 years</u> Numerator: 4461 Numerator: 4817 Denominator: 5325 Denominator: 5592 Rate: 83.8 Rate: 86.1 Additional notes on measure:
Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:
Explanation of Progress: <p>How did your performance in 2007 compare with the Annual Performance Objective documented in your 2006 Annual Report? Our goal was to increase the access to primary care rate for 25 months to 6 year olds to 85%. Although we did not meet our goal, we maintained the rate from last year.</p> <p>Are there any quality improvement activities that contribute to your progress?</p> <p>Annual Performance Objective for FFY 2008: Increase the access to primary care rate for 25 months to 6 year olds to 85%.</p> <p>Annual Performance Objective for FFY 2009: Increase the access to primary care rate for 25 months to 6 year olds to 85%.</p> <p>Annual Performance Objective for FFY 2010: Increase the access to primary care rate for 25 months to 6 year olds to 85%.</p> <p><i>Explain how these objectives were set:</i> Because the rate for 25 months to 6 year olds is lower than the rates for the other age groups, Utah would like to work on getting this rate increased.</p>		
Other Comments on Measure:		

SECTION IIB: ENROLLMENT AND UNINSURED DATA

- The information in the table below is the Unduplicated Number of Children Ever Enrolled in SCHIP in your State for the two most recent reporting periods. The enrollment numbers reported below should correspond to line 7 in your State's 4th quarter data report (submitted in October) in the SCHIP Statistical Enrollment Data System (SEDS). The percent change column reflects the percent change in enrollment over the two-year period. If the percent change exceeds 10 percent (increase or decrease), please explain in letter A below any factors that may account for these changes (such as decreases due to elimination of outreach or increases due to program expansions). This information will be filled in automatically by SARTS through a link to SEDS. Please wait until you have an enrollment number from SEDS before you complete this response.

Program	FFY 2006	FFY 2007	Percent change FFY 2006-2007
SCHIP Medicaid Expansion Program	0	0	
Separate Child Health Program	51967	44785	-13.82

- A. Please explain any factors that may account for enrollment increases or decreases exceeding 10 percent.

Due to a limited state budget, CHIP enrollment was closed from Sep 2, 2006 to Jul 2, 2007.

- The table below shows trends in the three-year averages for the number and rate of uninsured children in your State based on the Current Population Survey (CPS), along with the percent change between 1996-1998 and 2004-2006. Significant changes are denoted with an asterisk (*). If your state uses an alternate data source and/or methodology for measuring change in the number and/or rate of uninsured children, please explain in Question #3. SARTS will fill in this information automatically, but in the meantime, please refer to the CPS data attachment that was sent with the FFY 2007 Annual Report Template.

	Uninsured Children Under Age 19 Below 200 Percent of Poverty		Uninsured Children Under Age 19 Below 200 Percent of Poverty as a Percent of Total Children Under Age 19	
Period	Number	Std. Error	Rate	Std. Error
1996 - 1998	50	9.6	7.0	1.3
1998 - 2000	44	9.0	5.9	1.2
2000 - 2002	46	7.7	5.9	1.0
2002 - 2004	47	7.8	5.9	.9
2003 - 2005	52	8.6	6.5	1.0
2004 - 2006	61	10.0	7.4	1.1
Percent change	22.0%	NA	5.7%	NA

1996-1998 vs. 2004-2006				
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- A. Please explain any activities or factors that may account for increases or decreases in your number and/or rate of uninsured children.

NA

- B. Please note any comments here concerning CPS data limitations that may affect the reliability or precision of these estimates.

NA

3. Please indicate by checking the box below whether your State has an alternate data source and/or methodology for measuring the change in the number and/or rate of uninsured children.

☒ Yes (please report your data in the table below)

☐ No (skip to Question #4)

Please report your alternate data in the table below. Data are required for two or more points in time to demonstrate change (or lack of change). Please be as specific and detailed as possible about the method used to measure progress toward covering the uninsured.

Data source(s)	2006 Utah Health Status Survey
Reporting period (2 or more points in time)	January 2006 to December 2006
Methodology	The Utah Health Status Survey is designed, analyzed, and reported by the Utah Department of Health, Center for Health Data. The survey sample was designed to be representative of Utahns, and is perhaps best described as a weighted probability sample consisting of 6,056 households disproportionately stratified by 12 local health districts that cover the entire state.
Population (Please include ages and income levels)	Children age 17 and under
Sample sizes	2,911 households with children age 17 and under.
Number and/or rate for two or more points in time	For children age 17 and under, the uninsured rate in 2005 was 8.5%. The uninsured rate for 2006 was 10.3%
Statistical significance of results	

- A. Please explain why your State chose to adopt a different methodology to measure changes in the number and/or rate of uninsured children.

Comparability with other surveys is an issue with all surveys. Differences in survey design, estimation procedures, the socio-demographic and economic context, and changes in the structure and financing of the health care delivery system may all affect comparison between the 2006 Utah Health Status Survey and other surveys, including those conducted by the U.S. Bureau of Census.

- B. What is your State's assessment of the reliability of the estimate? What are the limitations of the data or estimation methodology? (Provide a numerical range or confidence intervals if available.)

Estimates developed from the sample may differ from the results of a complete census of all households in Utah due to sampling and non-sampling error. Each type of error is present in estimates based on a survey sample. Sampling error refers to random variation that occurs

because only a subset of the entire population is sampled and used to estimate the finding in the entire population. Sampling error has been expressed in this report as a confidence interval of 95%. No specific efforts were made to quantify the magnitude of non-sampling error. Non-sampling error was minimized by good questionnaire design, use of standardization in interviewer behavior and frequent, on-site interviewer monitoring and supervision.

C. What are the limitations of the data or estimation methodology?

See above

D. How does your State use this alternate data source in SCHIP program planning?

This data source is used when planning outreach activities and in helping to set Utah CHIP enrollment goals.

4. How many children do you estimate have been enrolled in Medicaid as a result of SCHIP outreach activities and enrollment simplification? Describe the data source and method used to derive this information

Utah CHIP does not collect this type of Medicaid data. However, a recent disenrollment survey shows that approximately 11.8% do not reenroll in CHIP because they have been approved for Medicaid.

SECTION IIC: STATE STRATEGIC OBJECTIVES AND PERFORMANCE GOALS

This subsection gathers information on your State's general strategic objectives, performance goals, performance measures and progress towards meeting goals, as specified in your SCHIP State Plan. (If Section 9 of your SCHIP State Plan has changed, please indicate when it changed, and how the goals and objectives in Section 9 of your State Plan and the goals reported in this section of the annual report are different. Also, the state plan should be amended to reconcile these differences). The format of this section provides your State with an opportunity to track progress over time. This section contains templates for reporting performance measurement data for each of five categories of strategic objectives, related to:

- Reducing the number of uninsured children
- SCHIP enrollment
- Medicaid enrollment
- Increasing access to care
- Use of preventative care (immunizations, well child care)

Please report performance measurement data for the three most recent years for which data are available (to the extent that data are available). In the first two columns, report data from the previous two years' annual reports (FFY 2005 and FFY 2006) will be populated with data from previously reported data in SARTS, enter data in these columns only if changes must be made. If you previously reported no data for either of those years, but you now have recent data available for them, please enter the data. In the third column, please report the most recent data available at the time you are submitting the current annual report (FFY 2007).

Note that the term *performance measure* is used differently in Section IIA versus IIC. In Section IIA, the term refers to the four core child health measures. In this section, the term is used more broadly, to refer to any data your State provides as evidence towards a particular goal within a strategic objective. For the purpose of this section, "objectives" refer to the five broad categories listed above, while "goals" are State-specific, and should be listed in the appropriate subsections within the space provided for each objective.

NOTES: Please do not reference attachments in this section. If details about a particular measure are located in an attachment, please summarize the relevant information from the attachment in the space provided for each measure.

In addition, please do not report the same data that were reported in Sections IIA or IIB. The intent of this section is to capture goals and measures that your State did not report elsewhere in Section II.

Additional instructions for completing each row of the table are provided below.

Goal:

For each objective, space has been provided to report up to three goals. Use this section to provide a brief description of each goal you are reporting within a given strategic objective. **All new goals should include a direction and a target. For clarification only, an example goal would be:** "Increase (direction) by 5 percent (target) the number of SCHIP beneficiaries who turned 13 years old during the measurement year who had a second dose of MMR, three hepatitis B vaccinations and one varicella vaccination by their 13th birthday."

Type of Goal:

For each goal you are reporting within a given strategic objective, please indicate the type of goal, as follows:

- New/revised: Check this box if you have revised or added a goal. Please explain how and why the goal was revised.
- Continuing: Check this box if the goal you are reporting is the same one you have reported in previous annual reports.
- Discontinued: Check this box if you have met your goal and/or are discontinuing a goal. Please explain why the goal was discontinued.

Status of Data Reported:

Please indicate the status of the data you are reporting for each goal, as follows:

- Provisional: Check this box if you are reporting performance measure data for a goal, but the data are currently being modified, verified, or may change in any other way before you finalize them for FFY 2007.
- Final: Check this box if the data you are reporting are considered final for FFY 2007.
- Same data as reported in a previous year's annual report: Check this box if the data you are reporting are the same data that your State reported for the goal in another annual report. Indicate in which year's annual report you previously reported the data.

Measurement Specification:

This section is included for only two of the objectives— objectives related to increasing access to care, and objectives related to use of preventative care—because these are the two objectives for which States may report using the HEDIS® measurement specification. In this section, for each goal, please indicate the measurement specification used to calculate your performance measure data (i.e., were the measures calculated using the HEDIS® specifications, HEDIS®-like specifications, or some other method unrelated to HEDIS®). If the measures were calculated using HEDIS® or HEDIS®-like specifications, please indicate which version was used (e.g., HEDIS® 2007). If using HEDIS®-like specifications, please explain how HEDIS® was modified.

Data Source:

For each performance measure, please indicate the source of data. The categories provided in this section vary by objective. For the objectives related to reducing the number of uninsured children and SCHIP or Medicaid enrollment, please indicate whether you have used eligibility/enrollment data, survey data (specify the survey used), or other source (specify the other source). For the objectives related to access to care and use of preventative care, please indicate whether you used administrative data (claims) (specify the kind of administrative data used), hybrid data (claims and medical records) (specify how the two were used to create the data source), survey data (specify the survey used), or other source (specify the other source). In all cases, if another data source was used, please explain the source.

Definition of Population Included in Measure:

Please indicate the definition of the population included in the denominator for each measure (such as age, continuous enrollment, type of delivery system). Also provide a definition of the numerator (such as the number of visits required for inclusion, e.g., one or more visits in the past year).

For measures related to increasing access to care and use of preventative care, please also check one box to indicate whether the data are for the SCHIP population only, or include both SCHIP and Medicaid (Title XIX) children combined.

Year of Data:

Please report the year of data for each performance measure. The year (or months) should correspond to the *period in which enrollment or utilization took place*. Do *not* report the year in which data were collected for the measure, or the version of HEDIS® used to calculate the measure, both of which may be different from the period corresponding to enrollment or utilization of services.

Performance Measurement Data:

Describe what is being measured: Please provide a brief explanation of the information you intend to capture through the performance measure.

Numerator, Denominator, and Rate: Please report the numerators, denominators, and rates for each measure (or component). For the objectives related to increasing access to care and use of preventative care, the template provides two sections for entering the performance measurement data, depending on whether you are reporting using HEDIS® or HEDIS®-like methodology or a methodology other than HEDIS®. The form fields have been set up to facilitate entering numerators, denominators, and rates for each measure. If the form fields do not give you enough space to fully report on your measure, please use the “additional notes” section.

If you typically calculate separate rates for each health plan, report the aggregate state-level rate for each measure (or component). The preferred method is to calculate a “weighted rate” by summing the numerators and denominators across plans, and then deriving a single state-level rate based on the ratio of the numerator to the denominator. Alternatively, if numerators and denominators are not available, you may calculate an “unweighted average” by taking the mean rate across health plans.

Explanation of Progress:

The intent of this section is to allow your State to highlight progress and describe any quality improvement activities that may have contributed to your progress. If improvement has not occurred over time, this section can be used to discuss potential reasons for why progress was not seen and to describe future quality improvement plans. In this section, your State is also asked to set annual performance objectives for FFY 2008, 2009, and 2010. Based on your recent performance on the measure (from FFY 2005 through 2007), use a combination of expert opinion and “best guesses” to set objectives for the next three years. Please explain your rationale for setting these objectives. For example, if your rate has been increasing by 3 or 4 percentage points per year, you might project future increases at a similar rate. On the other hand, if your rate has been stable over time, you might set a target that projects a small increase over time. If the rate has been fluctuating over time, you might look more closely at the data to ensure that the fluctuations are not an artifact of the data or the methods used to construct a rate. You might set an initial target that is an average of the recent rates, with slight increases in subsequent years. In future annual reports, you will be asked to comment on how your actual performance compares to the objective your State set for the year, as well as any quality improvement activities that have helped or could help your State meet future objectives.

Other Comments on Measure:

Please use this section to provide any other comments on the measure, such as data limitations or plans to report on a measure in the future.

Objectives Related to Reducing the Number of Uninsured Children (Do not report data that was reported in Section IIB, Questions 2 and 3)

FFY 2005	FFY 2006	FFY 2007
Goal #1 (Describe) The percentage of Utah children from birth to 19 years of age without health insurance will be decreased to 6%.	Goal #1 (Describe) The percentage of Utah children from birth to 18 years of age without health insurance will be decreased to 6%.	Goal #1 (Describe) Decrease the uninsured rate of Utah children 0-18 who live in families who meet the income criteria for CHIP to 6%.
Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input checked="" type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i> The goal for FFY 2007 was changed from reducing the overall uninsured rate for children 0-18 to be more specific to those who meet CHIP income criteria.
Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>
Data Source: <input type="checkbox"/> Eligibility/Enrollment data <input checked="" type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> 2003-2004 Utah Health Status Survey	Data Source: <input type="checkbox"/> Eligibility/Enrollment data <input checked="" type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> 2005 Utah Health Status Survey	Data Source: <input type="checkbox"/> Eligibility/Enrollment data <input checked="" type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> 2006 Utah Health Status Survey
Definition of Population Included in the Measure: Definition of denominator: Number of children ages 0-18 who live in Utah. Definition of numerator: Number of children ages 0-18 who live in Utah who lack health insurance coverage.	Definition of Population Included in the Measure: Definition of denominator: Number of children ages 0-18 who live in Utah. Definition of numerator: Number of children ages 0-18 who live in Utah and who lack health insurance coverage.	Definition of Population Included in the Measure: Definition of denominator: Number of children ages 0-18 who live in Utah and who meet the CHIP income criteria. Definition of numerator: Number of children 0-18 who live in Utah who meet the CHIP income criteria and who lack health insurance coverage.
Year of Data: 2004	Year of Data: 2005	Year of Data: 2006
Performance Measurement Data: Described what is being measured: Data from the 2004 Utah Health Status Survey was compared to the 2003 Health Status Survey. Numerator: Denominator: Rate: Additional notes on measure: Between 2003 and 2004 for Utah children ages 0-18, there was an increase of 1.1% in the overall uninsured rate, and a slight decrease of .3% for children from families who met the income criteria for CHIP.	Performance Measurement Data: Described what is being measured: Data from the 2005 Utah Health Status Survey was compared to the 2004 Utah Health Status Survey. Numerator: 71300 Denominator: 826830 Rate: 8.6 Additional notes on measure: Between 2004 and 2005 for Utah children ages 0-18, there was a .3% increase in the overall uninsured rate, and a 2.8% increase for children from families who met the income criteria for CHIP.	Performance Measurement Data: Described what is being measured: Data from the 2006 Utah Health Status Survey was compared to the 2005 Utah Health Status Survey. Numerator: 67800 Denominator: 322600 Rate: 21 Additional notes on measure:

FFY 2005	FFY 2006	FFY 2007
	<p>Explanation of Progress:</p> <p>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</p> <p>Are there any quality improvement activities that contribute to your progress?</p>	<p>Explanation of Progress:</p> <p>How did your performance in 2007 compare with the Annual Performance Objective documented in your 2006 Annual Report? Between 2005 and 2006 for Utah children ages 0-18, there was a 2% increase in the overall uninsured rate, and a 4.2% increase for children from families who met the income criteria for Utah.</p> <p>Are there any quality improvement activities that contribute to your progress?</p>
	<p>Annual Performance Objective for FFY 2007: Decrease the uninsured rate of Utah children 0-18 who live in families who meet the income criteria for CHIP to 6%</p> <p>Annual Performance Objective for FFY 2008: Decrease the uninsured rate of Utah children 0-18 who live in families who meet the income criteria for CHIP to 4.3%</p> <p>Annual Performance Objective for FFY 2009: Decrease the uninsured rate of Utah children 0-18 who live in families who meet the income criteria for CHIP to 4.3%</p> <p><i>Explain how these objectives were set:</i> Governor Huntsman has established a target of reducing the number of uninsured children in half. His FY 2008 budget request includes \$9.2 million in new funding to cover uninsured children.</p>	<p>Annual Performance Objective for FFY 2008: Decrease the uninsured rate of Utah children 0-18 who live in families who meet the income criteria for CHIP to 18%.</p> <p>Annual Performance Objective for FFY 2009: Decrease the uninsured rate of Utah children 0-18 who live in families who meet the income criteria for CHIP to 16%.</p> <p>Annual Performance Objective for FFY 2010: Decrease the uninsured rate of Utah children 0-18 who live in families who meet the income criteria for CHIP to 10%.</p> <p><i>Explain how these objectives were set:</i> Governor Huntsman has established a target of reducing the number of uninsured children in half.</p>
<p>Other Comments on Measure:</p>	<p>Other Comments on Measure:</p>	<p>Other Comments on Measure: CHIP was closed for enrollment from 9-2-06 until 7-2-07 which could have contributed to the rise of uninsured children in Utah who meet the CHIP income guidelines.</p>

Objectives Related to Reducing the Number of Uninsured Children (Do not report data that was reported in Section IIB, Questions 2 and 3) (Continued)

FFY 2005	FFY 2006	FFY 2007
Goal #2 (Describe)	Goal #2 (Describe)	Goal #2 (Describe)
Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>
Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>
Data Source: <input type="checkbox"/> Eligibility/Enrollment data <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input type="checkbox"/> Eligibility/Enrollment data <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input type="checkbox"/> Eligibility/Enrollment data <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>
Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:	Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:	Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:
Year of Data:	Year of Data:	Year of Data:
Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:
	Explanation of Progress: How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report? Are there any quality improvement activities that contribute to your progress?	Explanation of Progress: How did your performance in 2007 compare with the Annual Performance Objective documented in your 2006 Annual Report? Are there any quality improvement activities that contribute to your progress?

FFY 2005	FFY 2006	FFY 2007
	Annual Performance Objective for FFY 2007: Annual Performance Objective for FFY 2008: Annual Performance Objective for FFY 2009: <i>Explain how these objectives were set:</i>	Annual Performance Objective for FFY 2008: Annual Performance Objective for FFY 2009: Annual Performance Objective for FFY 2010: <i>Explain how these objectives were set:</i>
Other Comments on Measure:	Other Comments on Measure:	Other Comments on Measure:

Objectives Related to Reducing the Number of Uninsured Children (Do not report data that was reported in Section IIB, Questions 2 and 3) (Continued)

FFY 2005	FFY 2006	FFY 2007
Goal #3 (Describe)	Goal #3 (Describe)	Goal #3 (Describe)
Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>
Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>
Data Source: <input type="checkbox"/> Eligibility/Enrollment data <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input type="checkbox"/> Eligibility/Enrollment data <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input type="checkbox"/> Eligibility/Enrollment data <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>
Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:	Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:	Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:
Year of Data:	Year of Data:	Year of Data:
Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:
	Explanation of Progress: How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report? Are there any quality improvement activities that contribute to your progress?	Explanation of Progress: How did your performance in 2007 compare with the Annual Performance Objective documented in your 2006 Annual Report? Are there any quality improvement activities that contribute to your progress?

FFY 2005	FFY 2006	FFY 2007
	Annual Performance Objective for FFY 2007: Annual Performance Objective for FFY 2008: Annual Performance Objective for FFY 2009: <i>Explain how these objectives were set:</i>	Annual Performance Objective for FFY 2008: Annual Performance Objective for FFY 2009: Annual Performance Objective for FFY 2010: <i>Explain how these objectives were set:</i>
Other Comments on Measure:	Other Comments on Measure:	Other Comments on Measure:

Objectives Related to SCHIP Enrollment

FFY 2005	FFY 2006	FFY 2007
Goal #1 (Describe) By December 2006, at least 40,000 previously uninsured CHIP eligible children will be enrolled in the Utah CHIP Program.	Goal #1 (Describe) At least 40,000 previously uninsured CHIP eligible children will be enrolled in the Utah CHIP Program by December, 2006.	Goal #1 (Describe) We will enroll as many children in Utah CHIP as our budget will allow. We will continue to work with the Utah Legislature to procure additional funding.
Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input checked="" type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i> For FFY 2007 our goal was changed to reflect the changes in funding that occur as a result of federal and state legislation.
Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>
Data Source: <input checked="" type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input checked="" type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input checked="" type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>
Definition of Population Included in the Measure: Definition of denominator: Number of children enrolled in Utah CHIP. Definition of numerator:	Definition of Population Included in the Measure: Definition of denominator: Number of children enrolled in Utah CHIP. Definition of numerator:	Definition of Population Included in the Measure: Definition of denominator: Number of children enrolled in Utah CHIP Definition of numerator:
Year of Data: 2005	Year of Data: 2006	Year of Data: 2007
Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure: Prior to July, 2005, state funding allowed Utah CHIP to enroll and maintain a monthly average of 28,000 children. In July, 2005 state funds were increased to allow CHIP to insure an average of 40,000 children. Between June 2005 and the end of FFY 2005, 4,361 additional children have been enrolled.	Performance Measurement Data: Described what is being measured: In August, 2006 there were 37,325 children enrolled in Utah CHIP. Numerator: Denominator: Rate: Additional notes on measure: Rising health care costs forced the State to close enrollment before the goal of 40,000 was reached.	Performance Measurement Data: Described what is being measured: In September 2007 there were 28,131 children enrolled in Utah CHIP. Numerator: Denominator: Rate: Additional notes on measure: Rising health care costs forced the State to close enrollment on 9-1-06. In July, 2007, state funds were increased by \$4 million so CHIP enrollment was reopened on 7-2-07. From July 2, 2007 to September 30, 2007 there were 8,354 additional children enrolled in CHIP.

FFY 2005	FFY 2006	FFY 2007
	<p>Explanation of Progress:</p> <p>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</p> <p>Are there any quality improvement activities that contribute to your progress?</p>	<p>Explanation of Progress:</p> <p>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</p> <p>Are there any quality improvement activities that contribute to your progress? Utah CHIP has hired a CHIP Outreach Coordinator whose main function is to increase CHIP enrollment through community outreach.</p>
	<p>Annual Performance Objective for FFY 2007: We will enroll as many children in Utah CHIP as our budget will allow. We will continue to work with the Utah Legislature to procure additional funding.</p> <p>Annual Performance Objective for FFY 2008: We will enroll as many children in Utah CHIP as our budget will allow. We will continue to work with the Utah Legislature to procure additional funding.</p> <p>Annual Performance Objective for FFY 2009: We will enroll as many children in Utah CHIP as our budget will allow. We will continue to work with the Utah Legislature to procure additional funding.</p> <p><i>Explain how these objectives were set:</i></p>	<p>Annual Performance Objective for FFY 2008: We will enroll as many children in Utah CHIP as our budget will allow. We will continue to work with the Utah Legislature to procure additional funding.</p> <p>Annual Performance Objective for FFY 2009: We will enroll as many children in Utah CHIP as our budget will allow. We will continue to work with the Utah Legislature to procure additional funding.</p> <p>Annual Performance Objective for FFY 2010: We will enroll as many children in Utah CHIP as our budget will allow. We will continue to work with the Utah Legislature to procure additional funding.</p> <p><i>Explain how these objectives were set:</i></p>
<p>Other Comments on Measure: At the end of FFY 2005, 93,766 children were ever enrolled in CHIP (unduplicated count)</p>	<p>Other Comments on Measure:</p>	<p>Other Comments on Measure: At the end of FFY 2007, 119,475 children were ever enrolled in CHIP (unduplicated count).</p>

Objectives Related to SCHIP Enrollment (Continued)

FFY 2005	FFY 2006	FFY 2007
Goal #2 (Describe)	Goal #2 (Describe)	Goal #2 (Describe)
Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>
Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>
Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>
Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:	Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:	Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:
Year of Data:	Year of Data:	Year of Data:
Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:
	Explanation of Progress: How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report? Are there any quality improvement activities that contribute to your progress?	Explanation of Progress: How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report? Are there any quality improvement activities that contribute to your progress?

FFY 2005	FFY 2006	FFY 2007
	Annual Performance Objective for FFY 2007: Annual Performance Objective for FFY 2008: Annual Performance Objective for FFY 2009: <i>Explain how these objectives were set:</i>	Annual Performance Objective for FFY 2008: Annual Performance Objective for FFY 2009: Annual Performance Objective for FFY 2010: <i>Explain how these objectives were set:</i>
Other Comments on Measure:	Other Comments on Measure:	Other Comments on Measure:

Objectives Related to SCHIP Enrollment (Continued)

FFY 2005	FFY 2006	FFY 2007
Goal #3 (Describe)	Goal #3 (Describe)	Goal #3 (Describe)
Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>
Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>
Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>
Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:	Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:	Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:
Year of Data:	Year of Data:	Year of Data:
Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:
	Explanation of Progress: <p>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</p> <p>Are there any quality improvement activities that contribute to your progress?</p>	Explanation of Progress: <p>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</p> <p>Are there any quality improvement activities that contribute to your progress?</p>

FFY 2005	FFY 2006	FFY 2007
	Annual Performance Objective for FFY 2007: Annual Performance Objective for FFY 2008: Annual Performance Objective for FFY 2009: <i>Explain how these objectives were set:</i>	Annual Performance Objective for FFY 2008: Annual Performance Objective for FFY 2009: Annual Performance Objective for FFY 2010: <i>Explain how these objectives were set:</i>
Other Comments on Measure:	Other Comments on Measure:	Other Comments on Measure:

Objectives Related to Medicaid Enrollment

FFY 2005	FFY 2006	FFY 2007
Goal #1 (Describe)	Goal #1 (Describe)	Goal #1 (Describe)
Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>
Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>
Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>
Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:	Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:	Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:
Year of Data:	Year of Data:	Year of Data:
Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:
	Explanation of Progress: <p>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</p> <p>Are there any quality improvement activities that contribute to your progress?</p>	Explanation of Progress: <p>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</p> <p>Are there any quality improvement activities that contribute to your progress?</p>

FFY 2005	FFY 2006	FFY 2007
	Annual Performance Objective for FFY 2007: Annual Performance Objective for FFY 2008: Annual Performance Objective for FFY 2009: <i>Explain how these objectives were set:</i>	Annual Performance Objective for FFY 2008: Annual Performance Objective for FFY 2009: Annual Performance Objective for FFY 2010: <i>Explain how these objectives were set:</i>
Other Comments on Measure:	Other Comments on Measure:	Other Comments on Measure:

Objectives Related to Medicaid Enrollment (Continued)

FFY 2005	FFY 2006	FFY 2007
Goal #2 (Describe)	Goal #2 (Describe)	Goal #2 (Describe)
Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>
Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>
Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>
Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:	Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:	Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:
Year of Data:	Year of Data:	Year of Data:
Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:
	Explanation of Progress: <p>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</p> <p>Are there any quality improvement activities that contribute to your progress?</p>	Explanation of Progress: <p>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</p> <p>Are there any quality improvement activities that contribute to your progress?</p>

FFY 2005	FFY 2006	FFY 2007
	<p data-bbox="751 185 1226 233">Annual Performance Objective for FFY 2007: Annual Performance Objective for FFY 2008:</p> <p data-bbox="751 292 1226 319">Annual Performance Objective for FFY 2009:</p> <p data-bbox="751 345 1121 371"><i>Explain how these objectives were set:</i></p>	<p data-bbox="1373 185 1848 233">Annual Performance Objective for FFY 2008: Annual Performance Objective for FFY 2009:</p> <p data-bbox="1373 292 1848 319">Annual Performance Objective for FFY 2010:</p> <p data-bbox="1373 345 1743 371"><i>Explain how these objectives were set:</i></p>
Other Comments on Measure:	Other Comments on Measure:	Other Comments on Measure:

Objectives Related to Medicaid Enrollment (Continued)

FFY 2005	FFY 2006	FFY 2007
Goal #3 (Describe)	Goal #3 (Describe)	Goal #3 (Describe)
Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>
Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>
Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>
Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:	Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:	Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:
Year of Data:	Year of Data:	Year of Data:
Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:
	Explanation of Progress: How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report? Are there any quality improvement activities that contribute to your progress?	Explanation of Progress: How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report? Are there any quality improvement activities that contribute to your progress?

FFY 2005	FFY 2006	FFY 2007
	Annual Performance Objective for FFY 2007: Annual Performance Objective for FFY 2008: Annual Performance Objective for FFY 2009: <i>Explain how these objectives were set:</i>	Annual Performance Objective for FFY 2008: Annual Performance Objective for FFY 2009: Annual Performance Objective for FFY 2010: <i>Explain how these objectives were set:</i>
Other Comments on Measure:	Other Comments on Measure:	Other Comments on Measure:

Objectives Increasing Access to Care (Usual Source of Care, Unmet Need)

FFY 2005	FFY 2006	FFY 2007
Goal #1 (Describe) By December, 2006, the percentage of children enrolled in Utah CHIP who have had a visit with a primary care practitioner in the previous year will increase from 88.7% to 90%.	Goal #1 (Describe) The percentage of children enrolled in Utah CHIP who have had a visit with a primary care practitioner in the previous year will be at least 90%.	Goal #1 (Describe) Increase the percentage of children enrolled in Utah CHIP who have had a visit with a primary care practitioner in the previous year to 90%.
Type of Goal: <input checked="" type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i> This goal was revised from 2004 to make it more measurable.	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>
Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>
Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i> HEDIS 2005	Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i> HEDIS 2006	Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i> HEDIS 2007
Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>
Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: The number of CHIP enrollees ages 1-11 who had a visit with a primary care practitioner in 2004.	Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: Number of CHIP enrollees ages 1-18 who had a visit with a primary care practitioner in 2005.	Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: Number of CHIP enrollees ages 1-18 who had a visit with a primary care practitioner in 2006.
Year of Data: 2004	Year of Data: 2005	Year of Data: 2006
HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Numerator: Denominator: Rate: 84.5 Additional notes on measure: In 2003, the percentage of CHIP enrollees ages 1-11 who had a visit with a primary care practitioner was 88.7%. In 2004, the percentage decreased to	HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Numerator: 11877 Denominator: 14133 Rate: 84 Additional notes on measure: For FY2004 and FY2005, data included children up to age 11. For FY2005 data includes children up to age 18.	HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Numerator: 14143 Denominator: 16532 Rate: 85.5 Additional notes on measure:

FFY 2005	FFY 2006	FFY 2007
84.5%, showing a decrease of 4.2%.		
Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:
	Explanation of Progress: <p>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</p> <p>Are there any quality improvement activities that contribute to your progress?</p> <p>Annual Performance Objective for FFY 2007: Increase the percentage of children enrolled in Utah CHIP who have had a visit with a primary care practitioner in the previous year to 90%.</p> <p>Annual Performance Objective for FFY 2008: Increase the percentage of children enrolled in Utah CHIP who have had a visit with a primary care practitioner in the previous year to 90%.</p> <p>Annual Performance Objective for FFY 2009: Increase the percentage of children enrolled in Utah CHIP who have had a visit with a primary care practitioner in the previous year to 90%.</p> <p><i>Explain how these objectives were set:</i></p>	Explanation of Progress: <p>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report? Although we did not reach our goal of 90% of CHIP enrollees who had a visit with a primary care practitioner in the previous year, the rate increased from the 2006 rate by 1.5%.</p> <p>Are there any quality improvement activities that contribute to your progress? Better HEDIS reporting by the health plans.</p> <p>Annual Performance Objective for FFY 2008: Increase the percentage of children enrolled in Utah CHIP who have had a visit with a primary care practitioner in the previous year to 90%.</p> <p>Annual Performance Objective for FFY 2009: Increase the percentage of children enrolled in Utah CHIP who have had a visit with a primary care practitioner in the previous year to 90%.</p> <p>Annual Performance Objective for FFY 2010: Increase the percentage of children enrolled in Utah CHIP who have had a visit with a primary care practitioner in the previous year to 90%.</p> <p><i>Explain how these objectives were set:</i> Utah will continue to increase the percentage of children enrolled in Utah CHIP who have had a visit with a primary care practitioner in the previous year.</p>
Other Comments on Measure:	Other Comments on Measure:	Other Comments on Measure:

Objectives Related to Increasing Access to Care (Usual Source of Care, Unmet Need) (Continued)

FFY 2005	FFY 2006	FFY 2007
Goal #2 (Describe)	Goal #2 (Describe) Insure that CHIP enrolled children receive high quality health care services.	Goal #2 (Describe) Insure that CHIP enrolled children receive high quality health care services.
Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>
Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>
Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i>	Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i>	Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> Survey data was used. See below.
Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input checked="" type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> Data is based on the 2006 Performance Report for Utah Commercial HMOs and Medicaid & CHIP Health Plans. The survey measured what parents thought about the health care and services their child received from their health plan, and was mailed in February of 2006. Follow-up phone calls with members who did not return a survey were conducted in May of 2006.	Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input checked="" type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> Data is based on the 2007 Performance Report for Utah Commercial HMOs and Medicaid and CHIP Health Plans. The survey measured what parents thought about the health care and services their child received from their health plan and was mailed in Feb. of 2007. Follow-up phone calls with members who did not return a survey were conducted in April of 2007.
Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:	Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: The percentage of parents surveyed who rated their health plan as 8, 9, or 10; the percentage of people who rated their health care as 8, 9, or 10; the percentage of people who rated their personal doctor nurse as 8, 9, or 10; and the percentage of people who rated their specialist as 8, 9, or 10.	Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: The percentage of parents surveyed who rated their health plan as 8, 9, or 10; the percentage of parents who rated their personal doctor as 8, 9, or 10; the percentage of parents who rated their health care as 8, 9, or 10; and the percentage of parents who rated their specialist as 8, 9, or 10.
Year of Data:	Year of Data: 2006	Year of Data: 2007

FFY 2005	FFY 2006	FFY 2007
HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:
Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure: All ratings were done on a scale of 0 to 10, with 10 being the highest rating and 0 being the lowest. 83.2% of the parents surveyed rated their health plan as an 8, 9, or 10; 87.49% rated their health care as 8, 9, or 10; 86.8% rated their personal doctor or nurse as 8, 9, or 10; and 79.3% rated their specialist as 8, 9, or 10.	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure: All ratings were done on a scale of 0-10, with 10 being the highest rating and 0 being the lowest. 82% of the parents surveyed rated their health plan as an 8, 9, or 10; 86.8% rated their personal doctor as an 8, 9, or 10; 88.6% rated their health care as an 8, 9, or 10; and 86.5% rated their specialist as an 8, 9, or 10.
	Explanation of Progress: <p>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</p> <p>Are there any quality improvement activities that contribute to your progress?</p> <p>Annual Performance Objective for FFY 2007: Insure CHIP enrolled children receive high quality health care services.</p> <p>Annual Performance Objective for FFY 2008: Insure CHIP enrolled children receive high quality health care services.</p> <p>Annual Performance Objective for FFY 2009: Insure CHIP enrolled children receive high quality health care services.</p> <p><i>Explain how these objectives were set:</i> Utah CHIP has always scored above the Medicaid national average in member satisfaction measures and we want to continue this trend.</p>	Explanation of Progress: <p>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report? All of the ratings for the CHIP program were above the national average.</p> <p>Are there any quality improvement activities that contribute to your progress?</p> <p>Annual Performance Objective for FFY 2008: Insure CHIP enrolled children receive high quality health care services. CHIP scores should exceed national and commercial scores.</p> <p>Annual Performance Objective for FFY 2009: Insure CHIP enrolled children receive high quality health care services. CHIP scores should exceed national and commercial scores.</p> <p>Annual Performance Objective for FFY 2010: Insure CHIP enrolled children receive high quality health care services. CHIP scores should exceed national and commercial scores.</p> <p><i>Explain how these objectives were set:</i> Utah CHIP has always scored above the Medicaid national average in member satisfaction measures and we want to continue this trend.</p>

FFY 2005	FFY 2006	FFY 2007
Other Comments on Measure:	Other Comments on Measure:	Other Comments on Measure:

Objectives Related to Increasing Access to Care (Usual Source of Care, Unmet Need) (Continued)

FFY 2005	FFY 2006	FFY 2007
Goal #3 (Describe)	Goal #3 (Describe)	Goal #3 (Describe)
Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>
Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>
Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i>	Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i>	Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i>
Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>
Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:	Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:	Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:
Year of Data:	Year of Data:	Year of Data:
HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:

FFY 2005	FFY 2006	FFY 2007
Other Performance Measurement Data: Numerator: Denominator: Rate: Additional notes on measure:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:
	Explanation of Progress: <p>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</p> <p>Are there any quality improvement activities that contribute to your progress?</p> <p>Annual Performance Objective for FFY 2007: Annual Performance Objective for FFY 2008:</p> <p>Annual Performance Objective for FFY 2009:</p> <p><i>Explain how these objectives were set:</i></p>	Explanation of Progress: <p>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</p> <p>Are there any quality improvement activities that contribute to your progress?</p> <p>Annual Performance Objective for FFY 2008: Annual Performance Objective for FFY 2009:</p> <p>Annual Performance Objective for FFY 2010:</p> <p><i>Explain how these objectives were set:</i></p>
Other Comments on Measure:	Other Comments on Measure:	Other Comments on Measure:

Objectives Related to Use of Preventative Care (Immunizations, Well Child Care)

FFY 2005	FFY 2006	FFY 2007
Goal #1 (Describe) Insure that children enrolled in Utah CHIP receive timely and comprehensive preventive health care services.	Goal #1 (Describe) Insure that children enrolled in CHIP receive timely and comprehensive preventive health care services.	Goal #1 (Describe) Insure that children enrolled in Utah CHIP receive timely and comprehensive preventive health care services by increasing the percentage of CHIP enrollees who have 5 or more well child visits in the first 15 months of life to 75%; the percentage of CHIP enrollees ages 3-6 who have one or more well child visits to 50%; and the percentage of CHIP enrollees ages 12-18 who have at least one well-care visit to 30%.
Type of Goal: <input checked="" type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i> Although the goal is the same as 2004, data comes from HEDIS instead of the Utah CAHPS Survey because Utah CHIP was not included in the Consumer Satisfaction Measures.	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>
Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>
Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i> HEDIS 2005	Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i> HEDIS 2006	Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i> HEDIS 2006
Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>
Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: CHIP enrollees ages 0-5 who had 5 or more well-child visits with a primary care practitioner in 2004; CHIP enrollees ages 3-6 who had one or more well-child visits with a primary care practitioner in 2004; and CHIP enrollees ages 12-18 who had at least one well care visit with	Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: CHIP enrollees who had 5 or more well child visits with a primary care practitioner in the first 15 months of life in 2005; CHIP enrollees ages 3-6 who had one or more well child visits with a primary care practitioner in 2005; and CHIP enrollees ages 12-18 who had at least one	Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: CHIP enrollees who had 5 or more well child visits with a primary care practitioner in the first 15 months of life in 2006; CHIP enrollees ages 3-6 who had one or more well child visits with a primary care practitioner in 2006; and CHIP enrollees ages 12-18 who had at least one

FFY 2005	FFY 2006	FFY 2007
a primary care provider in 2004.	well-care visit with a primary care practioner in 2005.	well-care visit with a primary care practioner in 2006.
Year of Data: 2004	Year of Data: 2005	Year of Data: 2006
HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Numerator: Denominator: Rate: Additional notes on measure: 65.4% of CHIP enrolled children who turned 15 months old during 2004 received at least 5 well child visits with a primary care provider; 39.1% of CHIP enrollees ages 3-6 had one or more well child visits with a primary care practitioner in 2004; and 19.4% of CHIP enrollees ages 12-18 had a least one well-care visit with a primary care provider in 2004.	HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Numerator: Denominator: Rate: Additional notes on measure: 73.1% of CHIP enrollees had 5 or more well child visits with a primary care practitioner in the first 15 months of life in 2005; 46% of CHIP enrollees ages 3-6 had one or more well child visits with a primary care practitioner in 2005; and 26.3 percent of CHIP enrollees ages 12-18 had at least one well-care visit with a primary care practioner in 2005.	HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Numerator: Denominator: Rate: Additional notes on measure: 71.4% of CHIP enrollees had 5 or more well child visits with a primary care practitioner in the first 15 months of life in 2006; 44.6% of CHIP enrollees ages 3-6 had one or more well child visits with a primary care practitioner in 2006; and 23.1% of CHIP enrollees ages 12-18 had at least one well-care visit with a primary care practioner in 2006.
Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:
	Explanation of Progress: <p>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</p> <p>Are there any quality improvement activities that contribute to your progress?</p>	Explanation of Progress: <p>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report? Percentages of children who received well child visits in all age brackets decreased from the 2006 data.</p> <p>Are there any quality improvement activities that contribute to your progress?</p>

FFY 2005	FFY 2006	FFY 2007
	<p>Annual Performance Objective for FFY 2007: Insure that children enrolled in Utah CHIP receive timely and comprehensive preventive health care services by increasing the percentage of CHIP enrollees who have 5 or more well child visits in the first 15 months of life to 75%; the percentage of CHIP enrollees ages 3-6 who have one or more well child visits to 50%; and the percentage of CHIP enrollees ages 12-18 who have at least one well-care visit to 30%.</p> <p>Annual Performance Objective for FFY 2008: Insure that children enrolled in Utah CHIP receive timely and comprehensive preventive health care services by increasing the percentage of CHIP enrollees who have 5 or more well child visits in the first 15 months of life to 75%; the percentage of CHIP enrollees ages 3-6 who have one or more well child visits to 50%; and the percentage of CHIP enrollees ages 12-18 who have at least one well-care visit to 30%.</p> <p>Annual Performance Objective for FFY 2009: Insure that children enrolled in Utah CHIP receive timely and comprehensive preventive health care services by increasing the percentage of CHIP enrollees who have 5 or more well child visits in the first 15 months of life to 75%; the percentage of CHIP enrollees ages 3-6 who have one or more well child visits to 50%; and the percentage of CHIP enrollees ages 12-18 who have at least one well-care visit to 30%.</p> <p><i>Explain how these objectives were set:</i></p>	<p>Annual Performance Objective for FFY 2008: Insure that children enrolled in Utah CHIP receive timely and comprehensive preventive health care services by increasing the percentage of CHIP enrollees who have 5 or more well child visits in the first 15 months of life to 75%; the percentage of CHIP enrollees ages 3-6 who have one or more well child visits to 50%; and the percentage of CHIP enrollees ages 12-18 who have at least one well-care visit to 30%.</p> <p>Annual Performance Objective for FFY 2009: Insure that children enrolled in Utah CHIP receive timely and comprehensive preventive health care services by increasing the percentage of CHIP enrollees who have 5 or more well child visits in the first 15 months of life to 75%; the percentage of CHIP enrollees ages 3-6 who have one or more well child visits to 50%; and the percentage of CHIP enrollees ages 12-18 who have at least one well-care visit to 30%.</p> <p>Annual Performance Objective for FFY 2010: Insure that children enrolled in Utah CHIP receive timely and comprehensive preventive health care services by increasing the percentage of CHIP enrollees who have 5 or more well child visits in the first 15 months of life to 75%; the percentage of CHIP enrollees ages 3-6 who have one or more well child visits to 50%; and the percentage of CHIP enrollees ages 12-18 who have at least one well-care visit to 30%.</p> <p><i>Explain how these objectives were set:</i> Since the percentages of children who received well child visits in all age brackets decreased in 2007, we will strive to meet the goals previously set.</p>
<p>Other Comments on Measure: All of the above percentages have increased from 2003.</p>	<p>Other Comments on Measure:</p>	<p>Other Comments on Measure:</p>

Objectives Related to Use of Preventative Care (Immunizations, Well Child Care) (Continued)

FFY 2005	FFY 2006	FFY 2007
Goal #2 (Describe)	Goal #2 (Describe)	Goal #2 (Describe)
Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>
Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>
Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i>	Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i>	Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i>
Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>
Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:	Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:	Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:
Year of Data:	Year of Data:	Year of Data:
HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:

FFY 2005	FFY 2006	FFY 2007
Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:
	Explanation of Progress: <p>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</p> <p>Are there any quality improvement activities that contribute to your progress?</p> <p>Annual Performance Objective for FFY 2007: Annual Performance Objective for FFY 2008:</p> <p>Annual Performance Objective for FFY 2009:</p> <p><i>Explain how these objectives were set:</i></p>	Explanation of Progress: <p>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</p> <p>Are there any quality improvement activities that contribute to your progress?</p> <p>Annual Performance Objective for FFY 2008: Annual Performance Objective for FFY 2009:</p> <p>Annual Performance Objective for FFY 2010:</p> <p><i>Explain how these objectives were set:</i></p>
Other Comments on Measure:	Other Comments on Measure:	Other Comments on Measure:

Objectives Related to Use of Preventative Care (Immunizations, Well Child Care) (Continued)

FFY 2005	FFY 2006	FFY 2007
Goal #3 (Describe)	Goal #3 (Describe)	Goal #3 (Describe)
Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>
Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>
Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i>	Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i>	Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i>
Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>
Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:	Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:	Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:
Year of Data:	Year of Data:	Year of Data:
HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:

FFY 2005	FFY 2006	FFY 2007
Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:
	Explanation of Progress: How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report? Are there any quality improvement activities that contribute to your progress? Annual Performance Objective for FFY 2007: Annual Performance Objective for FFY 2008: Annual Performance Objective for FFY 2009: <i>Explain how these objectives were set:</i>	Explanation of Progress: How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report? Are there any quality improvement activities that contribute to your progress? Annual Performance Objective for FFY 2008: Annual Performance Objective for FFY 2009: Annual Performance Objective for FFY 2010: <i>Explain how these objectives were set:</i>
Other Comments on Measure:	Other Comments on Measure:	Other Comments on Measure:

1. What other strategies does your State use to measure and report on access to, quality, or outcomes of care received by your SCHIP population? What have you found?

Utah CHIP participates in the annual Utah CAHPS Survey every year. The survey measures both access to and quality of care received by the Utah CHIP population. Based upon the most recent survey (2007), both CHIP plans are above national benchmarks in nearly all consumer satisfaction measures.

2. What strategies does your SCHIP program have for future measurement and reporting on access to, quality, or outcomes of care received by your SCHIP population? When will data be available?

Utah CHIP will assess the CHIP Health Plans, including contract compliance and conducting direct provider relations. We are also working with the health plans to make sure that they are appropriately and completely reporting HEDIS data.

3. Have you conducted any focused quality studies on your SCHIP population, e.g., adolescents, attention deficit disorder, substance abuse, special health care needs or other emerging health care needs? What have you found?

No focused quality studies have been conducted during this reporting year. CHIP health plans maintain care coordination for special needs populations as part of their contracted services.

4. Please attach any additional studies, analyses or other documents addressing outreach, enrollment, access, quality, utilization, costs, satisfaction, or other aspects of your SCHIP program's performance. Please list attachments here and summarize findings or list main findings.

2007 Performance Report for Utah Commercial HMOs and Medicaid & CHIP Health Plans. Summarizes Performance Measures (HEDIS) and Consumer Satisfaction Survey Results (CAHPS)

Overview of the 2006 Health Status Survey - Statewide Findings. Provides information about Utah's uninsured rate.

Table, Estimated Number and Percentage of Utahns Who Lacked Health Insurance Coverage by Selected Demographic Characteristics: 2001, 2003-2006. Shows rates of uninsurance for CHIP income eligible children.

Enter any Narrative text below **[7500]**.

SECTION III: ASSESSMENT OF STATE PLAN AND PROGRAM OPERATION

Please reference and summarize attachments that are relevant to specific questions

OUTREACH

1. How have you redirected/changed your outreach strategies during the reporting period? **[7500]**

Every open enrollment is analyzed to see what strategies are effective. Outreach is then designed based on feedback from the community, stakeholders, and the CHIP Advisory Council.

When CHIP opened enrollment on July 2, CHIP outreach workers focused outreach efforts and tactics on bringing CHIP to Utah residents and communities. To facilitate this statewide outreach, workers hit the road in a newly-designed CHIP van to find and sign up as many children as possible. The van crisscrossed the state stopping at schools, Boys and Girls Clubs, grocery stores, community centers, local health departments and other places. Local events were organized in every county, where parents of eligible children were able to get one-on-one information about benefits and apply on-site for coverage.

The van campaign was developed to provide a recognizable symbol of the state's commitment to covering as many uninsured children as possible. In its initial eight week tour, the CHIP Van visited all 29 Utah counties, attended over 58 events, collected 218 applications and met with over 1,700 people.

In all of the outreach efforts, we continue to promote the Utah CHIP website, to improve and allow online applications, and to promote a toll-free number which enrollees can call for information. The CHIP van included both the hotline number and website, as did the TV and radio PSAs, newspaper ads and marketing materials.

2. What methods have you found most effective in reaching low-income, uninsured children (e.g., T.V., school outreach, word-of-mouth)? How have you measured effectiveness? **Would you consider this a best practice? [7500]**

The Utah Department of Health measures effectiveness of outreach activities by asking hotline callers how they heard about the program. TV and radio commercials, website, phonebook, news stories, and friend or relative referrals have consistently been very effective methods.

We have also worked to strengthen and broaden partnerships with advocacy organizations that have contact with low-income families, such as, the PTA, Voices for Utah Children, Head Start, Community Action Program, child care centers, etc. These organizations, when prepared with materials and information, are very effective in distributing information about CHIP to their audiences. They also give more credibility to the program because of their referrals and recommendations.

Overall, outreach is measured by the number of applicants and enrolled children in the program.

3. Is your state targeting outreach to specific populations (e.g., minorities, immigrants, and children living in rural areas)? Have these efforts been successful, and how have you measured effectiveness? **[7500]**

Special efforts are made to reach American Indian, Hispanic, and rural populations. Strategies like newspaper and radio ads have been used in the past. In addition, CHIP uses an advertising agency that specializes in Hispanic outreach strategies. Based on their direction and evaluation results from previous open enrollment campaigns, we have added strategies such as Spanish language TV ads to our campaign. All of our marketing materials are also printed in Spanish to ensure that the correct information is being disseminated.

The CHIP van also attended many Hispanic, American Indian and other ethnic events including, Clinica de Buena Salud Community Health Center, American Muslim Cultural Festival, United Way Day, Utah Navajo Fair, Centro de la Familia Health Fair, Skull Valley Goshute Tribe Health Fair, Multicultural Health Disparities Conference, etc.

4. What percentage of children below 200 percent of the Federal poverty level (FPL) who are eligible for Medicaid or SCHIP have been enrolled in those programs? (Identify the data source used). **[7500]**

Utah CHIP does not have a data source to collect this information

SUBSTITUTION OF COVERAGE (CROWD-OUT)

States with a separate child health program up to and including 200% of FPL must complete question 1.

1. Is your state's eligibility level up to and including 200 percent of the FPL?

- ☒ Yes
☐ No
☐ N/A

If yes, if you have substitution prevention policies in place, please identify those strategies. **[7500]**

Utah has a 90 day waiting period for applicants who have voluntarily terminated health insurance. In addition, enrollees who have health insurance available through an employer which costs less than 5% of the family's countable income are not eligible for CHIP benefits.

States with a separate child health program above 200 through 250% of FPL must complete question 2. All other states with trigger mechanisms should also answer this question.

2. Is your state's eligibility level above 200 and up to and including 250 percent of the FPL?

- ☐ Yes
☒ No
☐ N/A

If yes, please identify the trigger mechanisms or point at which your substitution prevention policy is instituted. **[7500]**

States with separate child health programs over 250% of FPL must complete question 3. All other states with substitution prevention provisions should also answer this question.

3. Does your state cover children above 250 percent of the FPL or does it employ substitution prevention provisions?

- ☐ Yes
☒ No
☐ N/A

If yes, identify your substitution prevention provisions (waiting periods, etc.). **[7500]**

All States must complete the following 3 questions

4. Describe how substitution of coverage is monitored and measured and how the State evaluates the effectiveness of its policies. **[7500]**

When health insurance is available through a custodial parent's work and the cost of coverage is less than 5% of the household's countable gross income, the insurance is considered to be affordable, and the children are not eligible to enroll in CHIP. In addition, Utah has a 90 day waiting period for applicants who have voluntarily terminated health insurance. Exceptions to the 90 day waiting period are for voluntary termination of COBRA and Utah Comprehensive Health Insurance Pool coverage, voluntary termination of coverage by a non-custodial parent, and voluntary termination of private health insurance purchased between CHIP open enrollment periods if the child met CHIP requirements at the time of purchase.

The most recent analysis of CHIP crowd out was done in FFY 2000. The survey indicated that 10.4% of families applying for CHIP had never had insurance coverage.

5. At the time of application, what percent of applicants are found to have insurance? **[7500]**

Based on denial reports from the eligibility computer system, during the current open enrollment period, 12.2% of all denials were because the family was currently enrolled in health insurance.

6. Describe the incidence of substitution. What percent of applicants drop group health plan coverage to enroll in SCHIP? **[7500]**

Based on denial reports from the eligibility computer system, during the current open enrollment period approximately 1% of all denials were because the family voluntarily terminated health insurance in the previous 90 days.

COORDINATION BETWEEN SCHIP AND MEDICAID

(This subsection should be completed by States with a Separate Child Health Program)

1. Do you have the same redetermination procedures to renew eligibility for Medicaid and SCHIP (e.g., the same verification and interview requirements)? Please explain. **[7500]**

Utah CHIP's redetermination process is not the same as Medicaid. However, both Medicaid and CHIP send preprinted renewal forms to families the month immediately preceding the renewal month. Verification of income is required and neither Medicaid nor CHIP requires a face-to-face interview. Since July 2007, the same staff conduct both CHIP and Medicaid redeterminations.

2. Please explain the process that occurs when a child's eligibility status changes from Medicaid to SCHIP and from SCHIP to Medicaid. Have you identified any challenges? If so, please explain. **[7500]**

Eligibility determinations for CHIP and Medicaid are done by the same eligibility staff. Either a CHIP application form, a Medicaid form or a DWS form can be used to apply for either program. When an SCHIP eligible child becomes eligible for Medicaid, the child is seamlessly enrolled in Medicaid. In addition, when CHIP is in an open enrollment period, a child who is no longer Medicaid eligible is enrolled in CHIP without requiring a new application. As a result of CHIP enrollment being limited to open enrollment periods, there are times when a child loses Medicaid and cannot be enrolled in the CHIP program. Utah has tried to address this challenge by allowing children to be enrolled in CHIP outside of an open enrollment period if they lose Medicaid coverage when they reach the maximum age for the Medicaid program they are enrolled in, or when they are no longer deprived of the support of one of their parents.

3. Are the same delivery systems (including provider networks) used in Medicaid and SCHIP? Please explain. **[7500]**

Both Medicaid and CHIP use the same computer system and staff to determine eligibility. There are differences in the provider networks. All services through CHIP are provided through two health maintenance organizations, Public Employees Health Plan (PEHP) and Molina Health Care which is also a Medicaid Health Plan. All dental services for CHIP are provided through the PEHP Dental Program.

4. For states that do not use a joint application, please describe the screen and enroll process. **[7500]**.

Both Medicaid and CHIP use the same staff to determine eligibility. When an application for CHIP is received, the income section is used to screen for Medicaid eligibility. If the household income is below the income limits for Medicaid, and it appears that the household is eligible for Medicaid, the applicant is requested to provide any additional information or verifications that are needed to determine Medicaid eligibility. If the income is clearly above Medicaid eligibility limits, the family is enrolled in CHIP.

ELIGIBILITY REDETERMINATION AND RETENTION

1. What measures does your State employ to retain eligible children in SCHIP? Please check all that apply and provide descriptions as requested.

☐ Conducts follow-up with clients through caseworkers/outreach workers

☒ Sends renewal reminder notices to all families

- How many notices are sent to the family prior to disenrolling the child from the program? **[500]**

The month prior to the renewal month, a notice is sent along with a preprinted renewal form.

- At what intervals are reminder notices sent to families (e.g., how many weeks before the end of the current eligibility period is a follow-up letter sent if the renewal has not been received by the State?) **[500]**

When a renewal is not completed, the disenrollment notice explains that the family may still complete the renewal by the end of the following month, and be re-enrolled without completing a new application.

☐ Sends targeted mailings to selected populations

- Please specify population(s) (e.g., lower income eligibility groups) **[500]**

☒ Holds information campaigns

- ☒ Provides a simplified reenrollment process,

Please describe efforts (e.g., reducing the length of the application, creating combined Medicaid/SCHIP application) [500]

Two renewal processes are used, a mandatory renewal and a simplified renewal. A mandatory renewal requires the family to answer all questions on the form, sign it, and either send it to the eligibility case manager or contact them by telephone. A simplified renewal does not require the family to send in the form or take any further actions unless any of the preprinted information on the form has changed.

- ☒ Conducts surveys or focus groups with disenrollees to learn more about reasons for disenrollment *please describe:* [500]

Utah is in the process of conducting a survey of 1,000 disenrollees to discover the reason they disenrolled. Once we have this information, we will evaluate our policies and procedures to see if we can improve our disenrollment rates.

- ☐ Other, *please explain:* [500]

2. Which of the above strategies appear to be the most effective? Have you evaluated the effectiveness of any strategies? If so, please describe the evaluation, including data sources and methodology. [7500]

Preprinted renewal forms appear to be the most effective because it reminds individuals about what information had been used to determine their initial eligibility so they know what information has changed. In addition, it saves the individual time. An evaluation of the mandatory and simplified renewal process was completed in January, 2007 to analyze whether families understood what action was required, if children who were no longer eligible were being renewed, and if eligibility staff followed the simplified process. The overall accuracy rate for the passive renewal cases was 87.3%. We will continue to monitor and evaluate this process.

3. What percentage of children in the program are retained in the program at redetermination? What percentage of children in the program are disenrolled at redetermination? [500]

Utah does not collect or maintain this data.

4. Does your State generate monthly reports or conduct assessments that track the outcomes of individuals who disenroll, or do not reenroll, in SCHIP (e.g., how many obtain other public or private coverage, how many remain uninsured, how many age-out, how many move to a new geographic area)

- ☐ Yes
☒ No
☐ N/A

When was the monthly report or assessment last conducted? [7500]

If you responded yes to the question above, please provide a summary of the most recent findings (in the table below) from these reports and/or assessments. [7500].

Findings from Report/Assessment on Individuals Who Disenroll, or Do Not Reenroll in SCHIP

Total Number of Dis-enrollees	Obtain other public or private coverage		Remain uninsured		Age-out		Move to new geographic area		Other	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent

Please describe the data source (e.g., telephone or mail survey, focus groups) used to derive this information. Include the time period reflected in the data (e.g., calendar year, fiscal year, one month, etc.) [7500].

COST SHARING

1. Has your State undertaken any assessment of the effects of premiums/enrollment fees on participation in SCHIP? If so, what have you found? [7500]

No studies were conducted in FFY 2007. However, Utah is in the process of conducting a survey of 1,000 disenrollees to discover the reason they disenrolled.

2. Has your State undertaken any assessment of the effects of cost sharing on utilization of health services in SCHIP? If so, what have you found? [7500]

No

3. If your state has increased or decreased cost sharing in the past federal fiscal year, has the state undertaken any assessment of the impact of these changes on application, enrollment, disenrollment, and utilization of health services in SCHIP. If so, what have you found? [7500]

Utah increased cost-sharing in July, 2007. We are in the process of conducting a disenrollment survey with questions about the increased premiums and copayments. The study will be completed by January, 2008.

EMPLOYER SPONSORED INSURANCE PROGRAM (INCLUDING PREMIUM ASSISTANCE PROGRAM(S)) UNDER THE SCHIP STATE PLAN OR A SECTION 1115 TITLE XXI DEMONSTRATION

1. Does your State offer an employer sponsored insurance program (including a premium assistance program) for children and/or adults using Title XXI funds?

- ☒ Yes, please answer questions below.
☐ No, skip to Program Integrity subsection.

Children

- ☒ Yes, Check all that apply and complete each question for each authority.
- ☐ Family Coverage Waiver under the State Plan
☒ SCHIP Section 1115 Demonstration
☐ Medicaid Section 1115 Demonstration
☒ Health Insurance Flexibility & Accountability Demonstration

Adults

☐ Yes, Check all that apply and complete each question for each authority.

- ☐ Family Coverage Waiver under the State Plan
- ☐ SCHIP Section 1115 Demonstration
- ☐ Health Insurance Flexibility & Accountability Demonstration
- ☐ Premium Assistance under the Medicaid State Plan (Section 1906 HIPP)

2. Please indicate which adults your State covers with premium assistance. (Check all that apply.)

- ☐ Parents and Caretaker Relatives
- ☐ Childless Adults
- ☐ Pregnant Women

3. Briefly describe how your program operates (e.g., is your program an employer sponsored insurance program or a premium assistance program, how do you coordinate assistance between the state and/or employer, etc.) **[7500]**

Utah's Premium Partnership for Health Insurance (UPP) forms a public/private partnership to reduce the rate of uninsurance through an employer sponsored insurance (ESI) program. This Statewide approach provides ESI to adults up to 150 percent of the Federal Poverty level (FPL) using Medicaid funding. An ESI component for children provides State Children's Health Insurance Program (SCHIP) eligible children with family incomes up to and including 200 percent of the FPL with the option of receiving ESI premium assistance through their parent's employer or direct SCHIP coverage. The State subsidizes premium assistance through a monthly reimbursement of up to \$150 per adult. The employer must pay at least half of the employees' health insurance premium. The per child monthly premium reimbursement depends on whether dental benefits are provided in the ESI plan. If provided, the premium subsidy is \$120 per month; otherwise, it drops to \$100 per month. If dental benefits are not offered by the employer-sponsored health insurance plan, the State offers wrap-around dental coverage to those children. Families and children are subject to the cost sharing of the employee health plan and the amounts are not limited to the title XXI cost sharing limit of five percent. Benefits vary by the commercial health care plan product provided by each employer. However, to qualify for the subsidy the employer's health insurance plan must cover well-baby/well child care services, age appropriate immunizations, physician visits, hospital inpatient, and pharmacy, at a minimum. Families are provided with written information explaining the differences in benefits and cost sharing between direct coverage and the employer health plan coverage, so that they can make an informed choice. All children have the choice to opt back into SCHIP direct coverage at any time and this is also explained in the program literature.

4. What benefit package does the ESI program use? **[7500]**

Benefits vary by the commercial health insurance product provided by each employer.

5. Are there any minimum coverage requirements for the benefit package? **[7500]**

The employer's health insurance plan must cover well-baby/well child care services, age appropriate immunizations, physician visits, hospital inpatient, and pharmacy. In addition, the plan must pay at least 70% of an inpatient stay, lifetime maximum benefits must be at least \$1 million, and the deductible must be \$1,000 or less per individual.

6. Does the program provide wrap-around coverage for benefits or cost sharing? **[7500]**

Wrap around coverage is not provided. However, a child who does not enroll in dental coverage through an employer is enrolled in CHIP dental.

7. Are there any limits on cost sharing for children in your ESI program? Are there any limits on cost sharing for adults in your ESI program? **[7500]**

No

8. Identify the total number of children and adults enrolled in the ESI program for whom Title XXI funds are used during the reporting period (provide the number of adults enrolled in this program even if they were covered incidentally, i.e., not explicitly covered through a demonstration).

<u>0</u>	Number of childless adults ever-enrolled during the reporting period
<u>0</u>	Number of adults ever-enrolled during the reporting period
<u>330</u>	Number of children ever-enrolled during the reporting period

9. Identify the estimated amount of substitution, if any, that occurred or was prevented as a result of your employer sponsored insurance program (including premium assistance program). Discuss how was this measured? **[7500]**

No studies have been conducted to date.

10. During the reporting period, what has been the greatest challenge your ESI program has experienced? **[7500]**

UPP requires that an individual apply for UPP before their health insurance benefits start. Because of this, some otherwise eligible individuals are excluded from the program.

11. During the reporting period, what accomplishments have been achieved in your ESI program? **[7500]**

Utah anticipated that 250 children would enroll in UPP in the first year. As of August 31, 2007, this goal was reached, and enrollment continues to grow.

12. What changes have you made or are planning to make in your ESI program during the next fiscal year? Please comment on why the changes are planned. **[7500]**

None

13. What do you estimate is the impact of your ESI program (including premium assistance) on enrollment and retention of children? How was this measured? **[7500]**

No studies have been conducted to date.

14. Identify the total state expenditures for providing coverage under your ESI program during the reporting period. **(For states offering premium assistance under a family coverage waiver or for states offering employer sponsored insurance or premium assistance under a demonstration.)** **[7500]**

\$47,890

15. Provide the average amount each entity pays towards coverage of the beneficiary under your ESI program:

State: 123.46

Employer: _____

Employee: _____

16. If you offer a premium assistance program, what, if any, is the minimum employer contribution? **[500]**

The employer must pay at least 50% of the cost of coverage for the employed individual. There is no contribution required for the dependents.

17. Do you have a cost effectiveness test that you apply in determining whether an applicant can receive coverage (e.g., the state's share of a premium assistance payment must be less than or equal to the cost of covering the applicant under SCHIP or Medicaid)? **[7500]**

No. Reimbursement is set at the average cost per CHIP enrollee.

18. Is there a required period of uninsurance before enrolling in your program? If yes, what is the period of uninsurance? **[500]**

An individual who has voluntarily terminated health insurance coverage is not eligible to participate in UPP for 90 days from the date of termination.

19. Do you have a waiting list for your program? Can you cap enrollment for your program? **[500]**

We do not have a waiting list. Based on available state funding, there is a cap of 1,000 adults who can enroll in UPP. There is no limit on the number of children who can enroll.

**PROGRAM INTEGRITY (COMPLETE ONLY WITH REGARD TO SEPARATE SCHIP PROGRAMS
(I.E. THOSE THAT ARE NOT MEDICAID EXPANSIONS))**

1. Does your state have a written plan that has safeguards and establishes methods and procedures for:

(1) prevention

(2) investigation

(3) referral of cases of fraud and abuse?

Please explain: **[7500]**

The eligibility policy manual describes the procedure for referring suspected intentional violation errors on the part of the enrollee. Once investigated, the Overpayment specialist notifies the CHIP Program Manager who decides whether or not to pursue collection of any improper coverage. All services received when an enrollee has committed an intentional program violation are recovered from the enrollee.

In addition the contracts with the two health plans that administer Utah CHIP benefits require that the Health plan report to the Utah Department of Health all cases of program abuse or suspected abusive or fraudulent behavior by either providers or recipients and to take appropriate, effective, and coordinated action on all such information. The health plans are also required to make

reasonable efforts to correct the behavior of providers or recipients violating program regulations or exhibiting inappropriate program utilization and to attempt to recover any funds improperly disbursed as a result of such practices.

2. For the reporting period, please indicate the number of cases investigated, and cases referred, regarding fraud and abuse in the following areas:

Provider Credentialing

0 Number of cases investigated

0 Number of cases referred to appropriate law enforcement officials

Provider Billing

0 Number of cases investigated

0 Number of cases referred to appropriate law enforcement officials

Beneficiary Eligibility

14 Number of cases investigated

0 Number of cases referred to appropriate law enforcement officials

Are these cases for:

SCHIP ☒

Medicaid and SCHIP Combined ☐

3. Does your state rely on contractors to perform the above functions?

☐ Yes, please answer question below.

☒ No

4. If your state relies on contractors to perform the above functions, how does your state provide oversight of those contractors? Please explain : **[7500]**

Enter any Narrative text below. **[7500]**

In evaluating the costs of our ESI program, we have not collected data on the amount the employer or the employee pays towards the coverage.

SECTION IV: PROGRAM FINANCING FOR STATE PLAN

1. Please complete the following table to provide budget information. Describe in narrative any details of your planned use of funds below, including the assumptions on which this budget was based (per member/per month rate, estimated enrollment and source of non-Federal funds). (Note: This reporting period =Federal Fiscal Year 2007. If you have a combination program you need only submit one budget; programs do not need to be reported separately.)

COST OF APPROVED SCHIP PLAN

	2007	2008	2009
Benefit Costs			
Insurance payments			
Managed Care	46531431	60479564	66008598
Fee for Service			
Total Benefit Costs	46531431	60479564	66008598
(Offsetting beneficiary cost sharing payments)	-900261	-1983450	-2186000
Net Benefit Costs	\$ 45631170	\$ 58496114	\$ 63822598

Administration Costs

Personnel	931280	869350	869350
General Administration	288322	302000	302000
Contractors/Brokers (e.g., enrollment contractors)	2183058	2581200	2457450
Claims Processing			
Outreach/Marketing costs	92840	614200	614200
Other (e.g., indirect costs)		2000000	2000000
Health Services Initiatives			
Total Administration Costs	3495500	6366750	6243000
10% Administrative Cap (net benefit costs ÷ 9)	5070130	6499568	7091400

Federal Title XXI Share	38859196	51981099	55702150
State Share	10267474	12881765	14363448

TOTAL COSTS OF APPROVED SCHIP PLAN	49126670	64862864	70065598
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2. What were the sources of non-Federal funding used for State match during the reporting period?

- ☒ State appropriations
- ☐ County/local funds
- ☐ Employer contributions
- ☐ Foundation grants
- ☐ Private donations
- ☒ Tobacco settlement
- ☐ Other (specify) **[500]**

3. Did you experience a short fall in SCHIP funds this year? If so, what is your analysis for why there were not enough Federal SCHIP funds for your program? **[1500]**

No

4. In the table below, enter 1) number of eligibles used to determine per member per month costs for the current year and estimates for the next two years; and, 2) per member per month cost rounded to a whole number. If you have SCHIP enrollees in a fee for service program, per member per month cost will be the average cost per month to provide services to these enrollees.

	2007		2008		2009	
	# of eligibles	\$ PMPM	# of eligibles	\$ PMPM	# of eligibles	\$ PMPM
Managed Care	31988	\$ 121	39500	\$ 128	41100	\$ 134
Fee for Service		\$		\$		\$

Enter any Narrative text below. **[7500]**

SECTION V: 1115 DEMONSTRATION WAIVERS (FINANCED BY SCHIP)

Please reference and summarize attachments that are relevant to specific questions.

1. If you do not have a Demonstration Waiver financed with SCHIP funds skip to Section VI. If you do, please complete the following table showing whom you provide coverage to.

	SCHIP Non-HIFA Demonstration Eligibility					HIFA Waiver Demonstration Eligibility				
	* Upper % of FPL are defined as Up to and Including									
Children	From		% of FPL to		% of FPL *	From	0	% of FPL to	200	% of FPL *
Parents	From		% of FPL to		% of FPL *	From		% of FPL to		% of FPL *
Childless Adults	From		% of FPL to		% of FPL *	From		% of FPL to		% of FPL *
Pregnant Women	From		% of FPL to		% of FPL *	From		% of FPL to		% of FPL *

2. Identify the total number of children and adults ever enrolled (an unduplicated enrollment count) in your SCHIP demonstration during the reporting period.

330 Number of **children** ever enrolled during the reporting period in the demonstration
 0 Number of **parents** ever enrolled during the reporting period in the demonstration
 0 Number of **pregnant women** ever enrolled during the reporting period in the demonstration
 0 Number of **childless adults** ever enrolled during the reporting period in the demonstration

3. What have you found about the impact of covering adults on enrollment, retention, and access to care of children? You are required to evaluate the effectiveness of your demonstration project, so report here on any progress made in this evaluation, specifically as it relates to enrollment, retention, and access to care for children. [1000]

Utah does not use SCHIP funds to enroll adults.

4. Please provide budget information in the following table for the years in which the demonstration is approved. *Note: This reporting period (Federal Fiscal Year 2007 starts 10/1/06 and ends 9/30/07).*

COST PROJECTIONS OF DEMONSTRATION (SECTION 1115 or HIFA)	2007	2008	2009	2010	2011
Benefit Costs for Demonstration Population #1 (e.g., children)					
Insurance Payments	153670	600000	6000000		
Managed care per member/per month rate @ # of eligibles					
Fee for Service Average cost per enrollee in fee for service					
Total Benefit Costs for Waiver Population #1	153670	600000	6000000		

Benefit Costs for Demonstration Population #2

(e.g., parents)

Insurance Payments					
Managed care per member/per month rate for managed care					
Fee for Service Average cost per enrollee in fee for service					
Total Benefit Costs for Waiver Population #2	0	0	0		

Benefit Costs for Demonstration Population #3

(e.g., pregnant women)

Insurance Payments					
Managed care per member/per month rate for managed care					
Fee for Service Average cost per enrollee in fee for service					
Total Benefit Costs for Waiver Population #3	0	0	0		

Benefit Costs for Demonstration Population #4

(e.g., childless adults)

Insurance Payments					
Managed care per member/per month rate for managed care					
Fee for Service Average cost per enrollee in fee for service					
Total Benefit Costs for Waiver Population #3	0	0	0		

Total Benefit Costs	153670	600000	6000000		
(Offsetting Beneficiary Cost Sharing Payments)					
Net Benefit Costs (Total Benefit Costs - Offsetting Beneficiary Cost Sharing Payments)	153670	600000	6000000		

Administration Costs

Personnel		15000	15000		
General Administration	485	55000	55000		
Contractors/Brokers (e.g., enrollment contractors)					
Claims Processing					
Outreach/Marketing costs	74985	45000	45000		
Other (specify)					
Total Administration Costs	75470	115000	115000		
10% Administrative Cap (net benefit costs ÷ 9)	17074	66667	666667		

Federal Title XXI Share	181250	573001	4861425		
State Share	47890	141999	1253575		

TOTAL COSTS OF DEMONSTRATION	229140	715000	6115000		
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When was your budget last updated (please include month, day and year)? **[500]**

This is the first year of the Waiver.

Please provide a description of any assumptions that are included in your calculations. **[500]**

Other notes relevant to the budget: **[7500]**

SECTION VI: PROGRAM CHALLENGES AND ACCOMPLISHMENTS

1. For the reporting period, please provide an overview of your state's political and fiscal environment as it relates to health care for low income, uninsured children and families, and how this environment impacted SCHIP. **[7500]**

State funding has been a limiting factor in the number of children Utah is able to enroll in CHIP. From FY 2001 to FY 2007, state funds came exclusively from the proceeds of the Master Settlement Agreement between the State and tobacco companies. In FY 2008, state funding also included General Fund. In FY 2004, the Utah State Legislature increased the CHIP funding to \$7 million to cover more children and to restore dental services to the program. For FY 2006, the Legislature again increased funding to \$10.3 million to allow CHIP to increase the number of children covered. For FY 2008 the Legislature added \$2 million in ongoing General Fund and \$2 million in Tobacco Settlement Restricted Fund. Currently, Governor Huntsman's priority is to reduce the number of uninsured children in Utah.

2. During the reporting period, what has been the greatest challenge your program has experienced? **[7500]**

Increasing costs of health care which required Utah CHIP to close enrollment from Sep 2, 2006 to July 2, 2007.

3. During the reporting period, what accomplishments have been achieved in your program? **[7500]**

In November 2006, in an effort to create private health insurance opportunities for individuals that qualify for CHIP, Utah implemented the Utah's Premium Partnership for Health Insurance program (UPP). UPP families receive a rebate of \$100 per month per child then they purchase health coverage through their work. In addition, qualified families receive an additional rebate of \$20 per month per child if they purchase dental coverage through their work. If the family does not purchase dental coverage for their children through their work, the children can be enrolled in CHIP dental coverage. Enrollment in UPP was anticipated to be 250 children. As of September 30, 2007, there were 330 children who were ever enrolled in UPP.

In response to State legislation Utah CHIP successfully implemented increases to CHIP quarterly premiums and co-payments which will allow us to reduce CHIP expenditures and help offset the rate of growth in expenditures.

4. What changes have you made or are planning to make in your SCHIP program during the next fiscal year? Please comment on why the changes are planned. **[7500]**

Since the inception of the CHIP program, Utah has elected to benchmark its program to state employee benefits. In the 2007 General Legislative Session, the Legislature required that the CHIP program move its benchmark to a commercial health plan benefit on July 1, 2008. This change will increase co-payments and may place tighter limits on some services, like mental health.

Enter any Narrative text below. **[7500]**